



Medical Assistance Administration



Ambulatory Surgery Centers

Billing Instructions

Current Procedure Terminology CPT

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About this publication

This publication supersedes all previous billing instructions for Ambulatory Surgery Centers.

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Washington State Department of Social and Health Services

Note: The effective date and publication date for any particular page of this document may be found at the bottom of the page.

**Received too many billing instructions?
Too few?
Address incorrect?**

Please detach, fill out, and return the card located inside the back cover of this billing instruction. The information you provide will be used to update our records and provider information.

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Important Contacts

A provider may use MAA's toll-free lines for questions regarding its program. However, MAA's response is based solely on the information provided to MAA's representative at the time of inquiry, and in no way exempts a provider from following the laws and rules that govern MAA's programs.

Applying for a provider #

Call:

Provider Enrollment Unit
(800) 562-6188 and
Select Option #1

or call one of the following numbers:

(360) 725-1033
(360) 725-1026
(360) 725-1032

Where do I send my claims?

Hard Copy Claims:

Division of Program Support
PO Box 9248
Olympia WA 98507-9248

Magnetic Tapes/Floppy Disks:

Division of Program Support
Claims Control
PO Box 45560
Olympia, WA 98504-5560

How do I obtain copies of billing instructions or numbered memoranda?

Check out our web site at:

<http://maa.dshs.wa.gov>

Or write/call:

Provider Relations Unit
PO Box 45562
Olympia WA 98504-5562
(800) 562-6188

Who do I contact if I have questions regarding...

Payments, denials, general questions regarding claims processing, or Healthy Options?

Call:

Provider Relations Unit (PRU)
(800) 562-6188

Private insurance or third party liability, other than Healthy Options?

Write/call:

Division of Client Support
Coordination of Benefits Section
PO Box 45565
Olympia, WA 98504-5565
(800) 562-6136

Electronic Billing?

Write/call:

Electronic Billing Unit
PO Box 45511
Olympia, WA 98504-5511
(360) 725-1267

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Definitions

This section defines terms and acronyms used throughout these billing instructions.

Ambulatory Surgery Center (ASC) - Any distinct entity certified by Medicare as an ASC that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization.

Categorically Needy (CNP) - CNP programs are the federally matched Medicaid programs that provide the broadest scope of medical coverage. Persons may be eligible for:

- CNP only;
- Cash benefits under the SSI (Supplemental Security Income);
- TANF (Temporary Assistance for Needy Families);
- General Assistance – X (special); or
- General Assistance (children's).

CNP includes full scope coverage for pregnant women and children.

Client – An applicant approved for, or recipient of, DSHS medical care programs.

Code of Federal Regulations (CFR) - A codification of the general and permanent rules published in the federal register by the executive departments and agencies of the federal government.

Coinsurance-Medicare – The portion of reimbursable hospital and medical expenses, after subtraction of any deductible, which Medicare does not pay. Under Part A, coinsurance is a per day dollar amount. Under Part B, coinsurance is twenty percent of reasonable charges. (WAC 388-500-0005)

Core Provider Agreement - A basic contract that the Medical Assistance Administration (MAA) holds with providers serving MAA clients. The provider agreement outlines and defines terms of participation in the Medicaid program.

Current Procedural Terminology (CPT™) – A description of medical procedures available from the American Medical Association of Chicago, Illinois.

Deductible-Medicare – An initial specified amount that is the responsibility of the client.

- **Part A of Medicare-Inpatient Hospital Deductible** - An initial amount of the medical care cost in each benefit period which Medicare does not pay.
- **Part B of Medicare-Physician Deductible** - An initial amount of Medicare Part B covered expenses in each calendar year which Medicare does not pay. (WAC 388-500-0005)

Department - The state Department of Social and Health Services.
(WAC 388-500-0005)

Expedited Prior Authorization (EPA) - The process of authorizing selected services in which providers use a set of numeric codes to indicate to MAA which acceptable indications, conditions, diagnoses, and/or criteria are applicable to a particular request for services.

Explanation of Benefits (EOB) - A coded message on the Medical Assistance Remittance and Status Report that gives detailed information about the claim associated with that report.

Explanation of Medicare Benefits (EOMB) – A federal report generated for Medicare providers displaying transaction information regarding Medicare claims processing and payments.

Health Care Financing Administration Common Procedure Coding System (HCPCS) – Coding system established by the Health Care Financing Administration to define services and procedures.

Managed Care – A prepaid comprehensive system of medical and health care delivery including preventive, primary, specialty, and ancillary health services. (WAC 388-538-050)

Maximum Allowable - The maximum dollar amount a provider may be reimbursed by MAA for specific services, supplies, or equipment.

Medicaid - The state and federal funded aid program that covers the Categorically Needy (CNP) and Medically Needy (MNP) programs.

Medical Assistance Administration (MAA) - The administration within DSHS authorized by the secretary to administer the acute care portion of the Title XIX Medicaid, Title XXI Children's Health Insurance Program (CHIP), and the state-funded medical care programs, with the exception of certain non-medical services for persons with chronic disabilities.

Medical Assistance Identification (MAID) cards – MAID cards are the forms DSHS uses to identify clients of medical programs. MAID cards are good only for the dates printed on them. Clients will receive a MAID card in the mail each month they are eligible. These cards are also known as DSHS Medical ID cards and were previously known as DSHS medical coupons.

Medically Necessary - A term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all. (WAC 388-500-0005)

Medicare - The federal government health insurance program for certain aged or disabled clients under Titles II and XVIII of the Social Security Act. Medicare has two parts:

- "Part A" covers the Medicare inpatient hospital, post-hospital skilled nursing facility care, home health services, and hospice care.
- "Part B" is the supplementary medical insurance benefit (SMIB) covering the Medicare doctor's services, outpatient hospital care, outpatient physical therapy and speech pathology services, home health care, and other health services and supplies not covered under Part A of Medicare. (WAC 388-500-0005)

Patient Identification Code (PIC) - An alphanumeric code that is assigned to each MAA client consisting of:

- a) First and middle initials (a dash (-) must be used if the middle initial is not indicated).
- b) Six-digit birthdate, consisting of *numerals only* (MMDDYY).
- c) First five letters of the last name (and spaces if the name is fewer than five letters).
- d) Alpha character (tiebreaker).

Primary Care Case Manager (PCCM) – A physician, Advanced Registered Nurse Practitioner, or Physician Assistant who provides, manages, and coordinates medical care for an enrollee. The PCCM is reimbursed fee-for-service for medical services provided to clients as well as a small, monthly, management fee.

Prior Authorization – Approval required from MAA prior to providing services, for certain medical services, equipment, or supplies based on medical necessity.

Program Support, Division of (DPS) – The division within MAA responsible for providing administrative services for the following:

- Claims Processing;
- Family Planning Services;
- Field Services;
- Managed Care Contracts;
- Provider Relations; and
- Regulatory Improvement.

Provider or Provider of Service - An institution, agency, or person:

- Who has a signed agreement [Core Provider] with the department to furnish medical care, goods, and/or services to clients; and
- Is eligible to receive payment from the department. (WAC 388-500-0005)

Provider Number – A seven-digit identification number issued to providers who have signed the appropriate contract(s) with MAA.

Remittance And Status Report (RA) - A report produced by MAA's claims processing system (known as the Medicaid Management Information System or MMIS) that provides detailed information concerning submitted claims and other financial transactions.

Revised Code of Washington (RCW) - Washington State laws.

State Unique Procedure Code(s) – MAA procedure code(s) used for a specific service(s) where there is not a CPT, Health Care Financing Administration's Common Procedure Coding System (HCPCS), or CDT code available or appropriate.

Third Party - Any entity that is or may be liable to pay all or part of the medical cost of care of a federal Medicaid or state medical program client. (WAC 388-500-0005)

Title XIX - The portion of the federal Social Security Act that authorizes grants to states for medical assistance programs. Title XIX is also called Medicaid. (WAC 388-500-0005)

Usual and Customary Fee – The rate that may be billed to the department for a certain service or equipment. This rate *may not exceed*:

- The usual and customary charge that you bill the general public for the same services; or
- If the general public is not served, the rate normally offered to other contractors for the same.

Washington Administrative Code (WAC) - Codified rules of the state of Washington.

Ambulatory Surgery Centers

What is the purpose of the Ambulatory Surgery Centers Program?

The purpose of the Ambulatory Surgery Centers (ASC) Program is to reimburse providers for the facility costs of surgical procedures that can be performed safely on an ambulatory basis in an ambulatory surgery center.

Who should use these billing instructions?

Ambulatory Surgery Centers that have a valid Core Provider Agreement with MAA should use these billing instructions.

Client Eligibility

Eligibility

Most medical assistance clients are eligible for Ambulatory Surgery Center services **except** clients presenting Medical Assistance IDentification (MAID) cards with one of the following identifiers:

Exceptions:

MAID Identifier

Medical Program

CNP-Emergency Medical Only

Categorically Needy Program-Emergency Medical Only – These clients are not eligible for Ambulatory Surgery Center services.

Emergency Hospital and Ambulance Only

Medically Indigent Program - These clients are not eligible for Ambulatory Surgery Center services.

LCP-MNP – Emergency Medical Only

Limited Casualty Program – Medically Needy Program – Emergency Medical Only – These clients are not eligible for Ambulatory Surgery Center services.

Family Planning Only

Family Planning – These clients may receive only sterilization services.

Are clients enrolled in managed care eligible for Ambulatory Surgery Center services?

Clients with an identifier in the HMO column on their MAID card are enrolled in one of MAA's Healthy Options managed care plans. The client's managed care plan covers services provided at ambulatory surgery centers when the client's Primary Care Provider (PCP) determines that the services are appropriate for the client's health care needs. You must bill the plan directly.

To prevent billing denials, please check the client's MAID card prior to scheduling services and at the time of service to make sure proper authorization or referral is obtained from the PCP and/or plan.

Primary Care Case Management (PCCM) clients will have the identifier PCCM in the HMO column on their MAID cards. Please make sure these clients have been referred by their PCCM prior to receiving services. The referral number is required in field 17A on the HCFA-1500 claim form. (See the *Billing* section for further information.)

Coverage

What is covered?

MAA covers the procedure codes listed in these billing instructions when medically necessary and not solely for cosmetic treatment or surgery.



Note: Authorization requirements or diagnoses may limit coverage of some procedures. When there are requirements, there is a notation below the CPT code description.

What procedures have special limitations?

- The physician performing the surgery for procedures with special limitations must:
 - ✓ Meet the special limitation requirements; and/or
 - ✓ Obtain prior authorization through either the Limitation Extension or Expedited Prior Authorization process.

When billing MAA, the ASC must include this information on the HCFA-1500 claim form.

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- MAA allows the following surgeries only when the diagnosis is V10.3, 140-239.9, 757.6, 906.5-9, or 940-949.5.

CPT™ Codes	Description
11960	Insertion of tissue expander(s)
11970	Replacement of tissue expander w/permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
19160	Mastectomy, partial;
19162	with axillary lymphadenectomy
19180	Mastectomy, simple, complete
19182	Mastectomy, subcutaneous
19316	Mastopexy
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy, or in reconstruction
19342	Delayed insertion breast prosthesis
19350	Nipple/areola reconstruction
19357	Breast reconstruction w/tissue expander
19364	Breast reconstruction/free flap
19366	Breast reconstruction w/other technique
19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast

- MAA allows the following surgeries only when the diagnosis is 605, 607.1, or 607.81.

CPT™ Codes	Description
54152	Circumcision, using clamp or other device; except newborn.
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn.

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- MAA covers medically necessary cataract removal when the client has one of the following:
 - ✓ Correctable visual acuity in the affected eye at 20/50 or worse as measured on the Snellen test chart; or
 - ✓ One or more of the following conditions:
 - Dislocated or subluxated lens;
 - Intraocular foreign body;
 - Ocular trauma;
 - Phacogenic glaucoma;
 - Phacogenic uveitis;
 - Phacoanaphylactic endophthalmitis; or
 - Senescent cataract.
- MAA covers prior authorized cochlear implants. To receive prior authorization through the Limitation Extension process, a provider must send or fax a request for authorization along with medical justification to:

Division of Health Services Quality Support
Quality Fee for Service Section
PO Box 45506
Olympia, WA 98504-5506
Fax: (360) 586-2262

The request must contain all of the following:

- 1) The name and PIC number of the client;
- 2) The provider's name and provider number;
- 3) The name of the facility where surgery will be performed;
- 4) The service being requested, including CPT procedure code;
- 5) A list of the client's diagnoses;
- 6) A complete evaluation from a multiple disciplinary cochlear implant team addressing, at a minimum, the following:
 - a) Team recommendation;
 - b) Evaluation of family expectations, compliance, motivation and exposure to all potential forms of communication;
 - c) Medical clearance for surgery-no contraindications to surgery;
 - d) Documentation that hearing is amenable to cochlear implants;
 - e) Evidence of failed hearing aids if appropriate. If not appropriate, a brief note as to why hearing aids are not appropriate in this individual case; and
 - f) Proposed post op rehabilitation program and location of rehabilitation services.



Note: MAA will request additional information as needed.

Expedited Prior Authorization

The EPA process is designed to eliminate the need for written authorization. The intent is to establish authorization criteria and identify these criteria with specific codes, enabling providers to create an “EPA” number when appropriate.

To bill MAA for services that meet the expedited prior authorization (EPA) criteria on the following pages, the provider must create a 9-digit EPA number. The first 6 digits of the EPA number must be **870000**. The last 3 digits must be the code number that qualifies the procedure for the EPA criteria. Enter the EPA number on the HCFA-1500 claim form in the **Authorization Number** field or in the **Authorization** or **Comments** field when billing electronically.

Example: The 9-digit EPA number for reduction mammoplasties in a client with hypertrophy of the breast that meets all of the EPA criteria would be **870000241** (870000 = first 6 digits, 241 = diagnostic condition or procedure code).

EPA numbers are not valid for:

- Services for which the documented medical condition does not meet all of the specified criteria; or
- Services that are limited by diagnosis; or
- Services not allowed in an ambulatory surgery center.

Expedited Prior Authorization Guidelines:

- A. Medical Justification (criteria)** - All information must come from the client’s prescribing provider. MAA will not accept information obtained from the client or someone on behalf of the client (e.g. family).
- B. Documentation** - The ASC **must keep** documentation that meets the criteria in the client’s file. This documentation must be readily available for inspection by MAA staff conducting a pre-pay or post-pay audit. Keep documentation on file for six (6) years.



Note: Upon audit, if all specified criteria are not met, MAA has the authority to recoup any payments made. (WAC 388-087-010)

Washington State Expedited Prior Authorization Criteria Coding List

Code	Criteria
BLADDER NECK SUSPENSION	
CPT Codes: 57288 and 57289	
201	Diagnosis of <i>stress urinary incontinence</i> with all of the following: <ol style="list-style-type: none"> 1) Documented urinary leakage severe enough to cause the client to be pad dependent; <i>and</i> 2) Surgically sterile or past child bearing years; <i>and</i> 3) Failed conservative treatment with one of the following: bladder training or pharmacologic therapy; <i>and</i> 4) Urodynamics showing loss of ureterovesical angle or physical exam showing weak bladder neck; <i>and</i> 5) Recent gynecological exam for coexistent gynecological problems correctable at time of bladder neck surgery.
BLEPHAROPLASTIES	
CPT Codes: 15822, 15823, and 67901 – 67908	
630	Blepharoplasty for noncosmetic reasons when both of the following are true: <ol style="list-style-type: none"> 1) The excess upper eyelid skin impairs the vision by blocking the superior visual field; and 2) On a central visual field test, the vision is blocked to within 10 degrees of central fixation.
OTHER REDUCTION MAMMOPLASTIES/MASTECTOMY FOR GYNECOMASTIA	
250	Reduction mammoplasty or mastectomy, not meeting expedited prior authorization criteria, but medically necessary as clearly evidenced by the information in the client's medical record.
REDUCTION MAMMOPLASTIES/MASTECTOMY FOR GYNECOMASTIA	
CPT Codes: 19318 and 19140	
Associated ICD-9-CM Diagnosis codes: 611.1 (Hypertrophy of Breast) or 611.9 (Gynecomastia)	
241	Diagnosis for <i>hypertrophy of the breast</i> with: <ol style="list-style-type: none"> 1) Photographs and client's chart; and 2) Documented medical necessity including: <ol style="list-style-type: none"> a) Back, neck, and/or shoulder pain for a minimum of one year, directly attributable to macromastia; and b) Conservative treatment not effective; and 3) Abnormally large breasts in relation to body size with shoulder grooves; and 4) Within 20% of ideal body weight; and 5) Verification of minimum removal of 500 grams of tissue from each breast.
242	Diagnosis for <i>gynecomastia</i> : <ol style="list-style-type: none"> 1) Pictures in client's chart; and 2) Persistent tenderness and pain; and 3) If history of drug or alcohol abuse, must have abstained from drug or alcohol use for no less than one year.

Code	Criteria
STRABISMUS SURGERY	
CPT Codes: 67311 – 67340	
631	Strabismus surgery for clients 18 years of age and older when both of the following are true: <ol style="list-style-type: none"> 1) The client has double vision; and 2) It is not done for cosmetic reasons.
VAGINAL HYSTERECTOMY	
CPT Code: 58550	
111	Diagnosis of abnormal uterine bleeding in a client 30 years of age or older with <i>two or more</i> of the following conditions: <ol style="list-style-type: none"> 1) Profuse uterine bleeding requiring extra protection more than eight days a month for more than 3 months. 2) Documented hct of less than 30 or hgb less than 10. 3) Documentation of failure of conservative care i.e.: d&c, laparoscopy, or hormone therapy for at least three months.
112	Diagnosis of fibroids for any <i>one</i> of the following indications in a client 30 years of age or older: <ol style="list-style-type: none"> 1) Myomata associated with uterus greater than 12 weeks or 10cm in size 2) Symptomatic uterine leiomyoma regardless of size with profuse bleeding more than eight days a month for three months requiring extra protection or documented hct less than 30 or hgb less than 10 3) Documented rapid growth in size of uterus/myomata by consecutive ultrasounds or exams.
113	Diagnosis of symptomatic endometriosis in a client 30 years of age or older with the following: <ol style="list-style-type: none"> 1) Significant findings per laproscope; <i>and</i> 2) Unresponsiveness to 3 months of hormone therapy or cauterization.
114	Diagnosis of chronic advanced pelvic inflammatory disease in a client 30 years of age or older with infection refractory to multiple trials of antibiotics.

Reimbursement

What is included in the facility payment?

The facility payment maximum allowable includes:

- The client's use of the facility, including the operating room and recovery room;
- Nursing services, technician services, and other related services;
- Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment related to the care provided;
- Diagnostic or therapeutic items and services directly related to the surgical procedure;
- Administrative, recordkeeping and housekeeping items and services; **and**
- Materials and supplies for anesthesia.

Facility fee when multiple surgical procedures are performed

- ✓ For providers performing multiple surgical procedures in a single operative session, MAA reimburses 100 percent of the department allowable of the procedure with the highest group number. For the second procedure, reimbursement is 50 percent of the department allowable. MAA does not make additional reimbursement for subsequent procedures.
- ✓ The provider must identify the:
 - Primary procedure (the procedure with the highest reimbursement rate) with modifier **5A**; **and**
 - Secondary procedure with modifier **5B**.

What is not included in the facility payment?

The following services are not included in the facility payment:

- Physicians' professional services;
- The sale, lease, or rental of durable medical equipment to clients for use in their homes;
- Prosthetic devices (e.g., intraocular lens);
- Ambulance or other transportation services;
- Leg, arm, back, and neck braces; **and**
- Artificial legs, arms, and eyes.

Billing

What is the time limit for billing? (Refer to WAC 388-502-0150)

MAA requires providers to submit an initial claim, be assigned an internal control number (ICN), and adjust all claims in a timely manner. MAA has two timeliness standards: 1) for initial claims; and 2) for resubmitted claims.

- **Initial Claims**

- ✓ MAA requires providers to submit an **initial claim** to MAA and obtain an ICN within 365 days from any of the following:
 - The date the provider furnishes the service to the eligible client;
 - The date a final fair hearing decision is entered that impacts the particular claim;
 - The date a court orders MAA to cover the services; or
 - The date DSHS certifies a client eligible under delayed¹ certification criteria.



Note: If MAA has recouped a plan's premium, causing the provider to bill MAA, the time limit is 365 days from the date the plan recouped the payment from the provider.

- ✓ MAA may grant exceptions to the 365 day time limit for **initial claims** when billing delays are caused by either of the following:
 - DSHS certification of a client for a retroactive² period; or
 - The provider proves to MAA's satisfaction that there are other extenuating circumstances.

¹ **Delayed Certification:** A person applies for a medical program prior to the month of service and a delay occurs in the processing of the application. Because of this delay, the eligibility determination date becomes later than the month of service. A delayed certification indicator will appear on the MAID card. The provider **MUST** refund any payment(s) for a covered service received from the client for the period he/she is determined to be medical assistance-eligible, and then bill MAA for those services.

² **Retroactive Certification:** An applicant receives a service, then applies to MAA for medical assistance at a later date. Upon approval of the application, the person was found eligible for the medical service at the time he or she received the service. The provider **MAY** refund payment made by the client and then bill MAA for the service. If the client has not paid for the service and the service is within the client's scope of benefits, providers must bill MAA.

- ✓ MAA requires providers to bill known third parties for services. See WAC 388-501-0200 for exceptions. Providers must meet the timely billing standards of the liable third parties, in addition to MAA's billing limits.

- **Resubmitted Claims**

- ✓ Providers may resubmit, modify, or adjust any timely initial claim, except prescription drug claims, for a period of 36 months from the date of service. Prescription drug claims must be resubmitted, modified, or adjusted within 15 months from the date of service.



Note: MAA does not accept any claim for resubmission, modification, or adjustment after the allotted time period listed above.

- The allotted time periods do not apply to overpayments that the provider must refund to DSHS. After the allotted time periods, a provider may not refund overpayments to MAA by claim adjustment. The provider must refund overpayments to MAA by a negotiable financial instrument such as a bank check.
- The provider, or any agent of the provider, must not bill a client or a client's estate when:
 - ✓ The provider fails to meet these listed requirements; and
 - ✓ MAA does not pay the claim.

What fee should I bill MAA for eligible clients?

Bill MAA your usual and customary fee.

How do I bill for services provided to Primary Care Case Management (PCCM) clients?

For the client who has chosen to obtain care with a Primary Care Case Manager (PCCM), the identifier in the HMO column will be "PCCM." These clients must obtain their services through the PCCM. The PCCM is responsible for coordination of care just like the PCP is in a plan setting. Please refer to the client's MAID card for the PCCM.

When billing for services provided to PCCM clients:

- Enter the referring physician or PCCM name in field 17 on the HCFA-1500 claim form; and

- Enter the seven-digit, MAA-assigned identification number of the PCCM who referred the client for the service(s). If the client is enrolled with a PCCM and the PCCM referral number is not in field 17a when you bill MAA, the claim will be denied.

Newborns of Healthy Options clients who are connected with a PCCM are fee-for-service until a PCCM has been chosen. These services must be billed to MAA.



Note: If you treat a Healthy Options client who has chosen to obtain care with a PCCM and you are not the PCP, or the client was not referred to you by the PCCM/PCP, you may not receive payment. You will need to contact the PCP to get a referral.

How do I bill for clients eligible for Medicare and Medicaid?

If a client is eligible for both Medicare and Medical Assistance, **you must first submit a claim to Medicare and accept assignment within Medicare's time limitations.** MAA may make an additional payment after Medicare reimburses you.

- If Medicare pays the claim, the provider must bill MAA within six months of the date Medicare processes the claims.
- If Medicare denies payment of the claim, MAA requires the provider to meet MAA's initial 365-day requirement for initial claims.

Medicare Part B

Benefits covered under Part B include: **Physician, outpatient hospital services, home health, durable medical equipment, and other medical services and supplies** not covered under Part A.

When the words *"This information is being sent to either a private insurer or Medicaid fiscal agent,"* appear on your Medicare remittance notice, it means that your claim has been forwarded to MAA or a private insurer for deductible and/or coinsurance processing.

If you have received a payment or denial from Medicare, but it does not appear on your MAA Remittance and Status Report (RA) within 45 days from Medicare's statement date, you should bill MAA directly.

- If Medicare has made payment, and there is a balance due from MAA, you must submit a HCFA-1500 claim form (with the "XO" indicator in field 19). Bill only those lines Medicare paid. Do not submit paid lines with denied lines. This could cause a delay in payment.

- If Medicare denies services, but MAA covers them, you must bill on a HCFA-1500 claim form (without the “XO” indicator in field 19). Bill only those lines Medicare denied. Do not submit denied lines with paid lines. This could cause a delay in payment.
- If Medicare denies a service that requires prior authorization by MAA, MAA will waive the prior authorization requirement but will still require authorization. Authorization or denial of your request will be based upon medical necessity.



Note: Medicare/Medical Assistance billing claims must be received by MAA within six (6) months of the Medicare EOMB paid date.



Note: A Medicare Remittance Notice or EOMB must be attached to each claim.

Payment Methodology – Part B

- MMIS compares MAA's allowed amount to Medicare's allowed amount and selects the lesser of the two. (If there is no MAA allowed amount, we use Medicare's allowed amount.)
- Medicare's payment is deducted from the amount selected above.
- If there is *no* balance due, the claim is denied because Medicare's payment exceeds MAA's allowable.
- If there *is* a balance due, payment is made towards the deductible and/or coinsurance up to MAA's maximum allowable.

MAA cannot make direct payments to clients to cover the deductible and/or coinsurance amount of Part B Medicare. MAA *can* pay these costs to the provider on behalf of the client when:

- 1) The provider accepts assignment; and
- 2) The total combined reimbursement to the provider from Medicare and Medicaid does not exceed Medicare or Medicaid's allowed amount, whichever is less.

QMB (Qualified Medicare Beneficiaries) Program Limitations:

QMB with CNP or MNP (Qualified Medicare Beneficiaries with Categorically Needy Program or Medically Needy Program)

(Clients who have CNP or MNP identifiers on their MAID card in addition to QMB)

- If Medicare **and** Medicaid cover the service, MAA will pay only the deductible and/or coinsurance up to Medicare or Medicaid's allowed amount, whichever is less.
- If only Medicare **and not Medicaid** covers the service, MAA will pay only the deductible and/or coinsurance up to Medicare's allowed amount.
- If only Medicaid **and not Medicare** cover the service and the service is covered under the CNP or MNP program, MAA will reimburse for the service.

QMB-Medicare Only

- If Medicare **and** Medicaid cover the service, MAA will pay only the deductible and/or coinsurance up to Medicare or Medicaid's allowed amount, whichever is less.
- If only Medicare **and not Medicaid** covers the service, MAA will pay only the deductible and/or coinsurance up to Medicare's allowed amount.



Note: For QMB-Medicare Only: If **Medicare** does not cover the service, MAA will not reimburse the service.

Third-Party Liability

You must bill the insurance carrier(s) indicated on the client's MAID card. An insurance carrier's time limit for claim submissions may be different from MAA's. It is your responsibility to meet the insurance carrier's requirements relating to billing time limits, as well as MAA's, prior to any payment by MAA.

You must meet MAA's 365-day billing time limit even if you have not received notification of action from the insurance carrier. If your claim is denied due to any existing third-party liability, refer to the corresponding MAA Remittance and Status Report for insurance information appropriate for the date of service.

If you receive an insurance payment and the carrier pays you less than the maximum amount allowed by MAA, or if you have reason to believe that MAA may make an additional payment:

- Submit a completed claim form to MAA;
- Attach the insurance carrier's statement or EOB;
- If rebilling, also attach a copy of the MAA Remittance and Status Report showing the previous denial; or
- If you are rebilling electronically, list the claim number (ICN) of the previous denial in the Comments field of the Electronic Media Claim (EMC).

Third-party carrier codes are available on MAA's website at <http://maa.dshs.wa.gov> or by calling the Coordination of Benefits Section at 1-800-562-6136.

What records must be kept?

Enrolled providers must:

- Keep legible, accurate, and complete charts and records to justify the services provided to each client, including, but not limited to:
 - ✓ Patient's name and date of birth;
 - ✓ Dates of service(s);
 - ✓ Name and title of person performing the service, if other than the billing practitioner;
 - ✓ Chief complaint or reason for each visit;
 - ✓ Pertinent medical history;
 - ✓ Pertinent findings on examination;
 - ✓ Medications, equipment, and/or supplies prescribed or provided;
 - ✓ Description of treatment (when applicable);
 - ✓ Recommendations for additional treatments, procedures, or consultations;
 - ✓ X-rays, tests, and results;
 - ✓ Dental photographs/teeth models;
 - ✓ Plan of treatment and/or care, and outcome; and
 - ✓ Specific claims and payments received for services.
- Assure charts are authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment or other service to which the entry pertains.
- **Make charts and records available to DSHS, its contractors, and the US Department of Health and Human Services, upon their request, for at least six years from the date of service or more if required by federal or state law or regulation.**

How do I bill for sterilization procedures?

- Federal regulations prohibit MAA from processing claims for sterilization procedures without a completed consent form. ASCs, surgeons, anesthesiologists, and assistant surgeons must attach a copy of the completed consent form to their claim; copies may be obtained from the physician who performs the sterilization. A sample of the consent form is on page 25. See page 23 to request the form.
- A claim for a sterilization procedure received without a consent form will be denied.
- An incomplete consent form will be returned to the provider and the claim will be denied.
- The signature and other information on the consent must be legible.
- Submit the claim and completed consent form to:

**DIVISION OF PROGRAM SUPPORT
PO BOX 9248
OLYMPIA WA 98507-9248**



Note: The DSHS 13-364x Consent Form and regulations for sterilization are the same for fee-for-service and Healthy Options providers. Healthy Options providers must send the Sterilization Consent Form, with attachments as applicable, directly to their Licensed Health Carrier for billing purposes, rather than to MAA.

Sterilization Procedures and CPT Codes:

<u>Procedure</u>	<u>Associated CPT Codes</u>
Vasectomy	55250
Tubal Ligation	58600, 58615, 58670, 58671

(CPT procedure codes and descriptions are copyright 1999 American Medical Association.)

Physician Signature Clarification:

The physician identified in the *Consent to Sterilization Section* of the DSHS 13-364x Consent Form must be the same physician who completes the *Physician's Statement Section* and performs the sterilization procedure. If the physician who signed the above referenced sections of the Consent Form is not the physician performing the sterilization procedure, the client must sign and date a new Consent Form indicating the name of the physician performing the operation under the *Consent for Sterilization Section*, at the time of the procedure. Staple this modified consent form to the initial Consent Form.

Consent Requirements:

- Submit a completed Consent Form, DSHS 13-364x, with the claim.
- Consent must be voluntary.
- The client must be at least 18 years old when the consent form is signed.
- For clients 18 through 20 years old, modify the DSHS 13-364x Consent Form by crossing out 21 in the following three places on the form and writing in the correct age:
 - ✓ *Consent to Sterilization Section* - "**I am at least ~~21~~**"
 - ✓ *Statement of Person Obtaining Consent Section* - "**is at least ~~21~~**"
 - ✓ *Physician's Statement Section* - "**is at least ~~21~~**"
- The client must sign the consent form at least 30 days, but no more than 180 days, prior to surgery. Consent expires after 180 days.
- The physician must sign the consent form after, or not more than one week before, surgery.
- If the Medical Assistance IDentification (MAID) card shows delayed or retroactive certification, all of the above criteria must still be met.

What about clients who have no consent form?

For clients who are mentally incompetent or institutionalized, MAA requires a court order and a DSHS 13-364x signed by the client's legal guardian at least 30 days prior to the surgery.

For clients under 18 years of age, who have received retroactive certification, or who have received delayed certification, providers must obtain a letter of exception from MAA's Medical Director. Send your request to:

**MEDICAL ASSISTANCE ADMINISTRATION
MEDICAL DIRECTOR
PO BOX 45500
OLYMPIA, WA 98504-5500**

Write or fax your request for the DSHS 13-354x Consent Form to:

**DSHS WAREHOUSE
PO BOX 45816, OLYMPIA WA 98504-5816
FAX (360) 664-0597**

This is a blank page...



CONSENT FORM

NOTE: Your decision at any time not to be sterilized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving Federal funds.

• CONSENT TO STERILIZATION •

I have asked for and received information about sterilization from _____ DOCTOR OR CLINIC _____.

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Aid to Families with Dependent Children (AFDC) or Medicaid that I am now getting or for which I may become eligible.

I understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children, or father children.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by Federally funded programs.

I am at least 21 years of age and was born on _____ MONTH DAY YEAR. I, _____, hereby consent

of my own free will to be sterilized by _____ DOCTOR _____ by a method called _____. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services; or
- Employees of programs or projects funding by that department but only for determining if Federal laws were observed.

I have received a copy of this form.

SIGNATURE Date: _____ MONTH DAY YEAR

You are requested to supply the following information, but it is not required. **RACE AND ETHNICITY DESIGNATION (PLEASE CHECK):**

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White (not of Hispanic origin) |

• INTERPRETER'S STATEMENT •

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also

read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

INTERPRETER

DATE

• STATEMENT OF PERSON OBTAINING CONSENT •

Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation

DSHS 13-364 (X) (REV. 06/1997)

STATEMENT OF PERSON OBTAINING CONSENT (CONTINUED):

_____, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

SIGNATURE OF PERSON OBTAINING CONSENT Date: _____

FACILITY

ADDRESS

• PHYSICIAN'S STATEMENT •

Shortly before I performed a sterilization operation upon

_____, I explained to him/her the nature of the sterilization operation _____, the fact that

it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(INSTRUCTIONS FOR USE OF ALTERNATIVE FINAL PARAGRAPHS)
Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

1. At least thirty (30) days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

2. This sterilization was performed less than thirty (30) days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- ☐ Premature delivery
Individual's expected date of delivery: _____
- ☐ Emergency abdominal surgery (describe circumstances): _____

SIGNATURE

DATE

NOTICE: ALL BLANKS MUST BE COMPLETED EXCEPT AS INDICATED BELOW

Instructions to the Patient for Completing Consent to Sterilization

1. In the first blank space, write the name of the doctor or clinic giving you the information.
2. In the second blank space, write the name of the operation.
3. In the next blank space, you must write the month, day, and year you were born.
4. Fill in the last five blanks as indicated. Be sure the doctor's name is the name of the physician who will actually perform the operation.
5. You are not required to fill out the "Race and Ethnicity" portion. It is optional.

Interpreter's Statement

This section of the form should be completed ONLY if interpretation into another language is required.

Statement of Person Obtaining Consent

1. Complete the first two blanks with the patient's name and the name of the procedure to be performed.
2. Fill in the last four blanks with your signature, date, name, and address of the facility.

Physician's Statement

1. Complete the first three blanks with the name of the individual to be sterilized, the date of the sterilization operation, and the specific type of operation.
2. Cross out the "alternative final paragraph" if inappropriate.
3. The performing surgeon must sign. The date given below the signature must either be the date of the sterilization or a date which follows the sterilization.
4. The performing surgeon's name must appear in the **sterilized by** blank in the CONSENT TO STERILIZATION section.



Ejemplo de forma de consentimiento

AVISO: LA DECISION DE NO HACERSE LA CIRUGIA U OPERACION PARA LA ESTERILIZACION QUE USTED PUEDE TOMAR EN CUALQUIER MOMENTO, NO VA A RESULTAR EN LA REVOCACION O EL PATROCINADOS CON FONDOS FEDERALES

• CONSENTIMIENTO PARA LA ESTERILIZACION •

Yo he solicitado y recibido información sobre la esterilización de _____ (Médico o clínica). Cuando solicité la información inicialmente, me dijeron que la decisión de ser esterilizado(a) es completamente mía. Me dijeron que podía decidir no ser esterilizado(a) y que mi decisión no afectará mi derecho en el futuro a recibir tratamiento o cuidado médico. No voy a perder ningún tipo de asistencia o beneficios de programas patrocinados con fondos federales, tales como A.F.D.C. o Medicaid que recibo actualmente o que pudiera recibir en el futuro. **ENTIENDO QUE LA ESTERILIZACION ES UNA OPERACION QUE SE CONSIDERA PERMANENTE Y CUYOS RESULTADOS SON IRREVERSIBLES. HE DECIDIDO QUE NO QUIERO QUEDAR EMBARAZADA, TENER HIJOS (MUJER) O PROCREARLOS (HOMBRE).**

Se me ha informado sobre los métodos anticonceptivos temporales disponibles que me podrían proporcionar y que me permitirían quedar embarazada o procrear hijos EN EL FUTURO. Yo he rechazado estas alternativas y he elegido ser esterilizado(a). Entiendo que seré esterilizado(a) por medio de una operación conocida como _____. Me han explicado las molestias, riesgos y beneficios asociados con la operación. Han respondido satisfactoriamente a todas mis preguntas.

Entiendo que la operación no se realizará hasta que hayan pasado por lo menos treinta días desde la fecha en la que firme esta forma. Entiendo que puedo cambiar mi decisión en cualquier momento y que mi decisión de no ser esterilizado(a), en cualquier punto, no resultará en la retención de cualquier beneficio o servicio médico proporcionado a través de programas patrocinados con fondos del gobierno federal.

Tengo por lo menos 21 años de edad y nací el _____ (mes, día, año). Yo, _____, por medio de la presente doy mi consentimiento (permiso) libremente y por mi voluntad para ser esterilizado(a) por _____ a través de un método llamado _____. Mi consentimiento se vence 180 días después de la fecha en la que firme este documento.

También doy permiso para que se presente esta forma y otros documentos médicos sobre la operación a:

Representantes del Departamento de Salud y Servicios Sociales; o
A empleados de programas o proyectos patrocinados por ese Departamento, pero sólo para que puedan determinar si se han cumplido las leyes federales.
He recibido una copia de esta forma.

(firma)
Fecha: _____
(mes, día, año)

Se le pide que proporcione la siguiente información pero no es obligatorio:
Definición de raza y origen étnico (por favor marcar el grupo apropiado)

- ☐ Indígena americano o indígena de Alaska
- ☐ Asiático o de las Islas del Pacífico
- ☐ Negro (de origen no hispano)
- ☐ Hispano
- ☐ Blanco (de origen no hispano)

• DECLARACION DEL INTERPRETE •

Si se ha contratado a un intérprete para asistir al individuo que será esterilizado(a):
He traducido la información y los consejos que se han presentado verbalmente al individuo que desea ser esterilizado(a) por la persona que ha obtenido esta forma de consentimiento. También le he leído a él/ella la forma de consentimiento (permiso) en el idioma _____ y le he explicado su contenido. Según mi mejor entender, creo que él/ella ha entendido esta explicación.

(Intérprete)

(Fecha)

• DECLARACION DE LA PERSONA QUE OBTIENE ESTA FORMA DE CONSENTIMIENTO •

Antes de que _____ (nombre del individuo) firmara esta forma de consentimiento (permiso), le expliqué a él/ella los detalles de la operación para la esterilización _____, el hecho que la intención del procedimiento es permanente, e irreversible, y las molestias, riesgos y beneficios asociados con este procedimiento.

Le ofrecí información y asistencia al individuo que desea ser esterilizado(a) sobre la alternativa disponible métodos temporales de control de la natalidad. Le expliqué que la esterilización es diferente porque es permanente.

Le expliqué al individuo que desea esterilizarse que puede retirar su consentimiento en cualquier momento y que él/ella no perderá ningún servicio de salud o cualquier otro beneficio proporcionado con el patrocinio de fondos federales.

Según mi mejor entender, creo que el individuo que desea esterilizarse tiene por lo menos 21 años de edad y parece ser mentalmente competente. El/ella ha solicitado con conocimiento de causa y voluntariamente el ser esterilizado(a) y parece entender el procedimiento y las consecuencias del procedimiento.

(Firma de la persona que obtiene este consentimiento) _____
(Fecha)

(Establecimiento)

(Dirección)

• DECLARACION DEL MEDICO •

Previamente a realizar la operación para la esterilización en _____ en _____
(Nombre del individuo que será esterilizado(a)) (Fecha de la operación para la esterilización)

explicué a él/ella el procedimiento de la operación para la esterilización _____, el hecho que la intención del procedimiento es permanente e irreversible, y las molestias, riesgos y beneficios asociados con el procedimiento.
(Especifique el tipo de cirugía)

Le ofrecí al individuo que desea ser esterilizado(a) información y asistencia sobre la alternativa disponible de otros métodos temporales de control de la natalidad. Le expliqué que la esterilización es diferente porque es permanente.

Le expliqué al individuo que desea esterilizarse que puede retirar su consentimiento en cualquier momento y que él/ella no perderá ningún servicio de salud o cualquier otro beneficio proporcionado con el patrocinio de fondos federales.

Según mi mejor entender, creo que el individuo que desea esterilizarse tiene por lo menos 21 años de edad y parece ser mentalmente competente. El/ella ha solicitado con conocimiento de causa y voluntariamente el ser esterilizado(a) y parece entender el procedimiento y las consecuencias del procedimiento.

(Instrucciones para el uso de los párrafos finales alternativos: Use el primer párrafo que se presenta a continuación a excepción de los casos de parto prematuro y cirugía abdominal de emergencia durante los cuales se realizó la esterilización antes de los 30 días después de la fecha en la que el individuo firmó esta forma de consentimiento. En esos casos, se debe usar el segundo párrafo a continuación. Tache el párrafo que no use.)

(1) Han transcurrido por lo menos 30 días entre la fecha en la que el individuo firmó esta forma de consentimiento y la fecha en la que se realizó la esterilización.

(2) La operación para la esterilización se realizó menos de 30 días, pero más de 72 horas, después de que el individuo firmó esta forma de consentimiento debido a las siguientes circunstancias (marque la respuesta apropiada y escriba la información requerida):

- ☐ Parto prematuro
Fecha en la que se esperaba el parto: _____
- ☐ Cirugía abdominal de emergencia (Describe las circunstancias): _____

(Médico) _____
(Fecha)

NOTA: TODOS LOS ESPACIOS EN BLANCO DEBEN SER LLENADOS, EXCEPTO COMO SE INDICA A CONTINUACION

Instrucciones para el paciente para llenar el formulario de consentimiento para esterilización

1. En el primer espacio en blanco, escriba el nombre del médico o la clínica que le está proporcionando la información.
2. En el segundo espacio en blanco, escriba el nombre de la operación.
3. En el siguiente espacio en blanco, usted debe escribir el mes, día y el año en que nació.
4. Llene los últimos cinco espacios en blanco como se indica. Asegúrese de que el nombre del médico sea el nombre del médico que realmente efectuará la operación.
5. No se requiere que usted llene la sección de "Raza y origen étnico". Eso es opcional.

Declaración del intérprete

Esta sección del formulario debería ser llenada SOLAMENTE si se requiere interpretación a otro idioma.

Declaración de la persona que está obteniendo el consentimiento

1. Llene los dos primeros espacios en blanco con el nombre del paciente y el nombre del procedimiento que se va a efectuar.
2. Llene los cuatro últimos espacios en blanco con su firma, la fecha, su nombre, y la dirección de la institución.

Declaración del médico

1. Llene las tres primeras partes en blanco con el nombre del individuo que va a ser esterilizado, la fecha de la operación de esterilización, y el tipo específico de la operación.
2. Tache el "párrafo de alternativa final" si fuera inapropiado.
3. El médico que va a efectuar la operación tiene que firmar. La fecha que se indica debajo de la firma, debe ser ya sea la fecha de la esterilización o la fecha que sigue a la esterilización.
4. El nombre del médico que va a efectuar la operación tiene que figurar en la parte marcada *esterilizado por* en la sección de CONSENTIMIENTO PARA ESTERILIZACION.

How to Complete the HCFA-1500 Claim Form

The HCFA-1500 (U2) (12-90) (Health Insurance Claim Form) is a universal claim form used by many agencies nationwide; a number of the fields on the form do not apply when billing the Medical Assistance Administration (MAA). Some field titles may not reflect their usage for this claim type. The numbered boxes on the claim form are referred to as fields.

General Instructions

- Please use an original, red and white HCFA-1500 (U2) (12-90) claim form.
- Enter only one (1) procedure code per detail line (field 24A-24K). If you need to bill more than six (6) lines per claim, please complete an additional HCFA-1500 claim form.
- You must enter all information within the space allowed.
- Use upper case (capital letters) for all alpha characters.
- Do not write, print, or staple any attachments in the bar area at the top of the form.

FIELD DESCRIPTION

<p>1a. <u>Insured's I.D. No.:</u> Required. Enter the MAA Patient (client) Identification Code (PIC) - an alphanumeric code assigned to each Medical Assistance client - exactly as shown on the Medical Assistance IDentification (MAID) card. This information is obtained from the client's current monthly MAID card consisting of:</p> <ul style="list-style-type: none"> • First and middle initials (a dash [-] <i>must</i> be used if the middle initial is not available). • Six-digit birthdate, consisting of <i>numerals only</i> (MMDDYY). • First five letters of the last name. If there are fewer than five letters in the last name, leave spaces for the remainder <u>before</u> adding the tiebreaker. 	<ul style="list-style-type: none"> • An alpha or numeric character (tiebreaker). <p><i>For example:</i></p> <ul style="list-style-type: none"> ✓ Mary C. Johnson's PIC looks like this: MC010667JOHNSB. ✓ John Lee's PIC needs two spaces to make up the last name, does not have a middle initial and looks like this: J-100257LEE B. <p>2. <u>Patient's Name:</u> Required. Enter the last name, first name, and middle initial of the Medicaid client (the receiver of the services for which you are billing).</p> <p>3. <u>Patient's Birthdate:</u> Required. Enter the birthdate of the Medicaid client.</p>
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4. **Insured's Name (Last Name, First Name, Middle Initial):** When applicable. If the client has health insurance through employment or another source (e.g., private insurance, Federal Health Insurance Benefits, CHAMPUS, or CHAMPVA), list the name of the insured here. Enter the name of the insured except when the insured and the client are the same - then the word *Same* may be entered.
5. **Patient's Address:** Required. Enter the address of the Medicaid client who has received the services you are billing for (the person whose name is in *field 2*.)
9. **Other Insured's Name:** Secondary insurance. When applicable, enter the last name, first name, and middle initial of the insured. If the client has insurance secondary to the insurance listed in *field 11*, enter it here.
- 9a. Enter the other insured's policy or group number *and* his/her Social Security Number.
- 9b. Enter the other insured's date of birth.
- 9c. Enter the other insured's employer's name or school name.

- 9d. Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, private supplementary insurance).

Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, PCCM, Medicare, Indian Health, etc., are inappropriate entries for this field.

10. **Is Patient's Condition Related to:** Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. ***Indicate the name of the coverage source in field 10d*** (L&I, name of insurance company, etc.).
11. **Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and Medicaid pays as payor of last resort.
- 11a. **Insured's Date of Birth:** Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.
- 11b. **Employer's Name or School Name:** Primary insurance. When applicable, enter the insured's employer's name or school name.

- | | |
|--|--|
| <p>11c. <u>Insurance Plan Name or Program Name:</u> Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. <i>(Note: This may or may not be associated with a group plan.)</i></p> <p>11d. <u>Is There Another Health Benefit Plan?:</u> Required if the client has secondary insurance. Indicate <i>yes</i> or <i>no</i>. If yes, you should have completed <i>fields 9a.-d</i>. If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check <i>yes</i>. If 11d. is left blank, the claim may be processed and denied in error.</p> <p>17. <u>Name of Referring Physician or Other Source:</u> When applicable. Enter the referring physician or Primary Care Case Manager name.</p> <p>17a. <u>I.D. Number of Referring Physician:</u> Enter the seven-digit, MAA-assigned identification number of the provider who <i>referred or ordered</i> the medical service; <u>OR</u> 2) when the Primary Care Case Manager (PCCM) referred the service, enter his/her seven-digit identification number here. If the client is enrolled in a PCCM plan and the PCCM referral number is <u>not</u> in this field when you bill MAA, the claim will be denied.</p> <p>19. <u>Reserved for local use:</u> When applicable, enter additional information such as indicator “B” to indicate baby on parent’s PIC.</p> | <p>21. <u>Diagnosis or Nature of Illness or Injury:</u> When applicable, enter the appropriate diagnosis code(s) in areas 1, 2, 3, and 4.</p> <p>22. <u>Medicaid Resubmission:</u> When applicable. If this billing is being submitted beyond the 365-day billing time limit, enter the ICN that verifies that your claim was originally submitted within the time limit. (The ICN number is the <i>claim number</i> listed on the Remittance and Status Report.)</p> <p>23. <u>Prior Authorization Number for Limitation Extensions:</u> When applicable. If the service you are billing for requires authorization, enter the nine-digit number assigned to you. Only one authorization number is allowed per claim.</p> <p>24. <u>Enter only one (1) procedure code per detail line (fields 24A - 24K). If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.</u></p> <p>24A. <u>Date(s) of Service:</u> Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., July 04, 2000 = 040400). Do not use slashes, dashes, or hyphens to separate month, day, or year (MMDDYY).</p> |
|--|--|

- 24B. Place of Service:** Required. Enter **24** (ambulatory surgery center).
- 24C. Type of Service:** Not Required.
- 24D. Procedures, Services or Supplies CPT/HCPCS:** Required. Enter the appropriate CPT or HCFA Common Procedure Coding System (HCPCS) or state unique procedure code from the fee schedule in these billing instructions for the services being billed. **MODIFIER** – When appropriate enter a modifier.
- 24E. Diagnosis Code:** Required. Enter the ICD-9-CM diagnosis code related to the procedure or service being billed (for each item listed in 24D). A diagnosis code is required for each service or line billed. Enter the code exactly as shown in ICD-9-CM.
- 24F. \$ Charges:** Required. Enter your usual and customary charge for the service performed. Do not include dollar signs or decimals in this field.
- 24G. Days or Units:** Required. Enter the appropriate number of units.
- 25. Federal Tax I.D. Number:** Leave this field blank.
- 26. Your Patient's Account No.:** Not required. Enter an alphanumeric ID number, i.e., a medical record number or patient account number. This number will be printed on your Remittance and Status Report under the heading *Patient Account Number*.

- 28. Total Charge:** Required. Enter the sum of your charges. Do not use dollar signs or decimals in this field.
- 29. Amount Paid:** If you receive an insurance payment or client-paid amount, show the amount here, and attach a copy of the insurance EOB. If payment is received from source(s) other than insurance, specify the source in *field 10d*. Do not use dollar signs or decimals in this field or put Medicare payment here.
- 30. Balance Due:** Required. Enter balance due. Enter total charges minus any amount(s) in *field 29*. Do not use dollar signs or decimals in this field.
- 33. Physician's, Supplier's Billing Name, Address, Zip Code and Telephone Number:** Required. Put the *Name, Address, and Telephone Number* on all claim forms.
- PIN:** Enter the seven-digit number assigned to you by MAA here.

PLEASE
DO NOT
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IN THIS
AREA

SAMPLE

APPROVED OMB-0938-0008

PICA

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE <input type="checkbox"/> (Medicare #) <input checked="" type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (VA File #) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) MC041496JOHNSA	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) JOHNSON, MARY C		3. PATIENT'S BIRTH DATE MM DD YY 04 14 96 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 123 GROVE ROAD		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY ANYTOWN		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	
STATE WA		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ZIP CODE 98000		11. INSURED'S POLICY GROUP OR FECA NUMBER	
TELEPHONE (Include Area Code) ()		12. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	
c. EMPLOYER'S NAME OR SCHOOL NAME		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY	
d. INSURANCE PLAN NAME OR PROGRAM NAME		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES	
SIGNED _____ DATE _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY		23. PRIOR AUTHORIZATION NUMBER	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		24. A DATE(S) OF SERVICE To MM DD YY MM DD YY	
19. RESERVED FOR LOCAL USE		B Place of Service	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)		C Type of Service	
1. 381.1		D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	
2. _____		E DIAGNOSIS CODE	
3. _____		F \$ CHARGES	
4. _____		G DAYS OR UNITS	
		H EPSDT Family Plan	
		I EMG	
		J COB	
		K RESERVED FOR LOCAL USE	
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNED _____ DATE _____		28. \$ TOTAL CHARGE 50000	
		29. \$ AMOUNT PAID	
		30. \$ BALANCE DUE 50000	
32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)		33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # ANYTOWN AMBULATORY SURGERY CT 1000 BAY STREET ANYWHERE, WA 98000 (360)555-1111	
		PIN# 7654302 GRP#	

Common Questions Regarding Medicare Part B/ Medicaid Crossover Claims

Q: Why do I have to mark “XO,” in box 19 on crossover claim?

A: The “XO” allows our mailroom staff to identify crossover claims easily, ensuring accurate processing for payment.

Q: Where do I indicate the coinsurance and deductible?

A: You must enter the total combined coinsurance and deductible in field 24D on each detail line on the claim form.

Q: What fields do I use for HCFA-1500 Medicare information?

A: <u>In Field:</u>	<u>Please Enter:</u>
19	an “XO”
24D	total combined coinsurance and deductible
24K	Medicare’s allowed charges
29	Medicare’s total deductible
30	Medicare’s total payment
32	Medicare’s EOMB process date, and the third-party liability amount

Q: When I bill Medicare denied lines to MAA, why is the claim denied?

A: Your bill is not a crossover when Medicare denies your claim or if you are billing for Medicare-denied lines. The Medicare EOMB must be attached to the claim. Do not indicate “XO.”

Q: How do my claims reach MAA?

A: After Medicare has processed your claim, and if Medicare has allowed the services, in most cases Medicare will forward the claim to MAA for any supplemental Medicaid payment. When the words, *“This information is being sent to either a private insurer or Medicaid fiscal agent,”* appear on your Medicare remittance notice, it means that your claim has been forwarded to MAA or a private insurer.

If **Medicare has paid** and the Medicare crossover claim does not appear on the MAA Remittance and Status Report within 30 days of the Medicare statement date, you should bill MAA on the HCFA-1500 claim form.

If **Medicare denies** a service, bill MAA using the HCFA-1500 claim form. Be sure the Medicare denial letter or EOMB is attached to your claim to avoid delayed or denied payment due to late submission.

REMEMBER! You must submit your claim to MAA within six months of the Medicare statement date if Medicare has paid or 365 days from date of service if Medicare has denied.

How to Complete the HCFA-1500 Claim Form for Medicare Part B/Medicaid Crossovers

The HCFA-1500 (U2) (12-90) (Health Insurance Claim Form) is a universal claim form used by many agencies nationwide; a number of the fields on the form do not apply when billing the Medical Assistance Administration (MAA). Some field titles may not reflect their usage for this claim type. The numbered boxes on the claim form are referred to as fields.

The HCFA-1500 claim form, used for Medicare/Medicaid Benefits Coordination, cannot be billed electronically.

General Instructions

- Please use an original, red and white HCFA-1500 (U2) (12-90) claim form.
- Enter only one (1) procedure code per detail line (field 24A-24K). If you need to bill more than six (6) lines per claim, please complete an additional HCFA-1500 claim form.
- You must enter all information within the space allowed.
- Use upper case (capital letters) for all alpha characters.
- Do not write, print, or staple any attachments in the bar area at the top of the form.

FIELD DESCRIPTION

1a. Insured's I.D. No.: Required. Enter the MAA Patient Identification Code (PIC) - an alphanumeric code assigned to each Medical Assistance client - exactly as shown on the Medical Assistance IDentification (MAID) card. This information is obtained from the client's current monthly MAID card consisting of:

- First and middle initials (a dash [-] *must* be used if the middle initial is not available).
- Six-digit birthdate, consisting of *numerals only* (MMDDYY).

- First five letters of the last name. If there are fewer than five letters in the last name, leave spaces for the remainder before adding the tiebreaker.
- An alpha or numeric character (tiebreaker).

For example:

- ✓ Mary C. Johnson's PIC looks like this: MC010633JOHNSB.
- ✓ John Lee's PIC needs two spaces to make up the last name, does not have a middle initial and looks like this: J-100226LEE B.

2. **Patient's Name:** Required. Enter the last name, first name, and middle initial of the Medicaid client (the receiver of the services for which you are billing).

3. **Patient's Birthdate:** Required. Enter the birthdate of the MAA client.

4. **Insured's Name (Last Name, First Name, Middle Initial):** When applicable. If the client has health insurance through employment or another source (e.g., private insurance, Federal Health Insurance Benefits, CHAMPUS, or CHAMPVA), list the name of the insured here. Enter the name of the insured except when the insured and the client are the same - then the word *Same* may be entered.

5. **Patient's Address:** Required. Enter the address of the Medicaid client who has received the services you are billing for (the person whose name is in *field 2*).

9. **Other Insured's Name:** Secondary insurance. When applicable, enter the last name, first name, and middle initial of the insured. If the client has insurance secondary to the insurance listed in *field 11*, enter it here.

- 9a. Enter the other insured's policy or group number *and* his/her Social Security Number.

- 9b. Enter the other insured's date of birth.

- 9c. Enter the other insured's employer's name or school name.

- 9d. Enter the insurance plan name or the program name (e.g., the insured's health maintenance organization, or private supplementary insurance).

Please note: DSHS, Welfare, Provider Services, Healthy Kids, First Steps, Medicare, Indian Health, PCCM, Healthy Options, PCOP, etc., are inappropriate entries for this field.

10. **Is Patient's Condition Related To:** Required. Check *yes* or *no* to indicate whether employment, auto accident or other accident involvement applies to one or more of the services described in *field 24*. ***Indicate the name of the coverage source in field 10d*** (L&I, name of insurance company, etc.).

11. **Insured's Policy Group or FECA (Federal Employees Compensation Act) Number:** Primary insurance. When applicable. This information applies to the insured person listed in *field 4*. Enter the insured's policy and/or group number and his/her social security number. The data in this field will indicate that the client has other insurance coverage and Medicaid pays as payor of last resort.

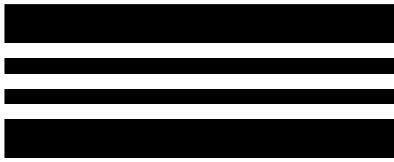
- 11a. **Insured's Date of Birth:** Primary insurance. When applicable, enter the insured's birthdate, if different from *field 3*.

- 11b. **Employer's Name or School Name:** Primary insurance. When applicable, enter the insured's employer's name or school name.

- | | |
|---|--|
| <p>11c. <u>Insurance Plan Name or Program Name:</u> Primary insurance. When applicable, show the insurance plan or program name to identify the primary insurance involved. <i>(Note: This may or may not be associated with a group plan.)</i></p> <p>11d. <u>Is There Another Health Benefit Plan?:</u> Required if the client has secondary insurance. Indicate <i>yes</i> or <i>no</i>. If yes, you should have completed <i>fields 9a.-d.</i> If the client has insurance, and even if you know the insurance will not cover the service you are billing, you must check <i>yes</i>. If 11d. is left blank, the claim may be processed and denied in error.</p> <p>19. <u>Reserved For Local Use - Required.</u> When Medicare allows services, enter <i>XO</i> to indicate this is a crossover claim.</p> <p>22. <u>Medicaid Resubmission:</u> When applicable. If this billing is being resubmitted more than six (6) months from Medicare's paid date, enter the Internal Control Number (ICN) that verifies that your claim was originally submitted within the time limit. (The ICN number is the <i>claim number</i> listed on the Remittance and Status Report.) Also enter the three-digit denial Explanation of Benefits (EOB).</p> <p>24. <u>Enter only one (1) procedure code per detail line (fields 24A - 24K).</u> <u>If you need to bill more than six (6) lines per claim, please use an additional HCFA-1500 claim form.</u></p> | <p>24A. <u>Date(s) of Service:</u> Required. Enter the "from" and "to" dates using all six digits for each date. Enter the month, day, and year of service numerically (e.g., July 4, 2000 = 040400). Do not use slashes, dashes, or hyphens to separate month, day, or year (MMDDYY).</p> <p>24B. <u>Place of Service:</u> Required. Enter 24 (ambulatory surgery center).</p> <p>24C. <u>Type of Service:</u> Required. Enter Z (ambulatory surgery center).</p> <p>24D. <u>Procedures, Services or Supplies CPT/HCPCS:</u> Required. Enter the appropriate HCFA Common Procedure Coding System (HCPCS) procedure code for the services being billed. <u>Coinsurance and Deductible:</u> Enter the total combined coinsurance and deductible for each service in the space to the right of the modifier on each detail line.</p> <p>24E. <u>Diagnosis Code:</u> Enter appropriate diagnosis code for condition.</p> <p>24F. <u>\$ Charges:</u> Required. Enter the amount you billed Medicare for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax.</p> <p>24G. <u>Days or Units:</u> Required. Enter the appropriate number of units.</p> |
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- | | |
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| <p>24K. <u>Reserved for Local Use:</u> Required. Use this field to show Medicare allowed charges. Enter the Medicare allowed charge on each detail line of the claim (see sample).</p> <p>26. <u>Your Patient's Account No.:</u> Not required. Enter an alphanumeric ID number, for example, a medical record number or patient account number. This number will be printed on your Remittance and Status Report under the heading <i>Patient Account Number</i>.</p> <p>27. <u>Accept Assignment:</u> Required. Check yes.</p> <p>28. <u>Total Charge:</u> Required. Enter the sum of your charges. Do not use dollar signs or decimals in this field.</p> <p>29. <u>Amount Paid:</u> Required. Enter the <u>Medicare Deductible</u> here. Enter the amount as shown on Medicare's Remittance Notice and Explanation of Benefits. If you have more than six (6) detail lines to submit, please use multiple HCFA-1500 claim forms (see field 24) and calculate the deductible based on the lines on each form. Do not include coinsurance here.</p> <p>30. <u>Balance Due:</u> Required. Enter the <u>Medicare Total Payment</u>. Enter the amount as shown on Medicare's Remittance Notice or Explanation of Benefits. If you have more than six (6) detail lines to submit, please use multiple HCFA claim forms (see field 24) and calculate the Medicare payment based on the lines on each form. Do not include coinsurance here.</p> | <p>32. <u>Name and Address of Facility Where Services Are Rendered:</u> Required. Enter Medicare Statement Date and any Third-Party Liability Dollar Amount (e.g., auto, employee-sponsored, supplemental insurance) here, if any. If there is insurance payment on the claim, you must also attach the insurance Explanation of Benefits (EOB). Do not include coinsurance here.</p> <p>33. <u>Physician's, Supplier's Billing Name, Address, Zip Code and Phone #:</u> Required. Enter the occupational therapy clinic or individual number assigned to you by MAA.</p> |
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PLEASE
DO NOT
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AREA



SAMPLE

MEDICARE CROSSOVER

APPROVED OMB-0938-0008

PICA										HEALTH INSURANCE CLAIM FORM										PICA																																							
1. MEDICARE <input type="checkbox"/> (Medicare #) <input checked="" type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (VA File #) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA BLK LUNG (SSN) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>										1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) ER 080923 ALEXAR																																																	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) ALEXANDER, EMMA R										3. PATIENT'S BIRTH DATE MM DD YY 08 09 23 SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>										4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																							
5. PATIENT'S ADDRESS (No., Street) 120 ELM ST										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)																																							
CITY ANYTOWN										STATE WA										8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>										CITY										STATE																			
ZIP CODE 98000										TELEPHONE (Include Area Code) ()										ZIP CODE										TELEPHONE (INCLUDE AREA CODE) ()																													
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE										11. INSURED'S POLICY GROUP OR FECA NUMBER																																							
a. OTHER INSURED'S POLICY OR GROUP NUMBER										b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>										b. EMPLOYER'S NAME OR SCHOOL NAME																													
c. EMPLOYER'S NAME OR SCHOOL NAME										d. INSURANCE PLAN NAME OR PROGRAM NAME										c. INSURANCE PLAN NAME OR PROGRAM NAME																																							
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____										d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9 a-d.																																							
14. DATE OF CURRENT: MM DD YY ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP)										15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY										16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																							
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE										17a. I.D. NUMBER OF REFERRING PHYSICIAN										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																							
19. RESERVED FOR LOCAL USE XO										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 366.16 2. _____ 3. _____ 4. _____										23. PRIOR AUTHORIZATION NUMBER																																																	
24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I EMG J COB K RESERVED FOR LOCAL USE																																																											
1 07 15 05 07 15 05 24 66984 366.16 120000 1 930.00																																																											
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6																																																											
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>										26. PATIENT'S ACCOUNT NO.										27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. \$ TOTAL CHARGE 120000										29. \$ AMOUNT PAID 93000										30. \$ BALANCE DUE 27000									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) 05/15/00										33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # WASHINGTON AMBULATORY SURGERY 5000 MAIN STREET ANYWHERE, WA 98000 (360)555-1111 PIN# 7756103 GRP#																																							
SIGNED _____										DATE _____																																																	

Health and Recovery Services Administration
ASC Fee Schedule
Effective for Dates of Service On and After July 1, 2006

Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		10061	Drainage of skin abscess	2
		10080	Drainage of pilonidal cyst	2
		10081	Drainage of pilonidal cyst	2
		10121	Remove foreign body	2
		10140	Drainage of hematoma/fluid	2
		10180	Complex drainage, wound	2
		11001	Debride infected skin add-on	2
		11010	Debride skin, fx	2
		11011	Debride skin/muscle, fx	2
		11012	Debride skin/muscle/bone, fx	2
		11042	Debride skin/tissue	2
		11043	Debride tissue/muscle	2
		11044	Debride tissue/muscle/bone	2
		11200	Removal of skin tags	2
		11401	Exc tr-ext b9+marg 0.6-1 cm	1
		11402	Exc tr-ext b9+marg 1.1-2 cm	1
		11403	Exc tr-ext b9+marg 2.1-3 cm	1
		11404	Removal of skin lesion	1
		11406	Removal of skin lesion	2
		11421	Exc h-f-nk-sp b9+marg 0.6-1	1
		11422	Exc h-f-nk-sp b9+marg 1.1-2	2
		11423	Exc h-f-nk-sp b9+marg 2.1-3	2
		11424	Removal of skin lesion	2
		11426	Removal of skin lesion	2
		11441	Exc face-mm b9+marg 0.6-1 cm	1
		11442	Exc face-mm b9+marg 1.1-2 cm	1
		11443	Exc face-mm b9+marg 2.1-3 cm	1
		11444	Removal of skin lesion	1
		11446	Removal of skin lesion	2
		11450	Removal, sweat gland lesion	2
		11451	Removal, sweat gland lesion	2
		11462	Removal, sweat gland lesion	2
		11463	Removal, sweat gland lesion	2
		11470	Removal, sweat gland lesion	2
		11471	Removal, sweat gland lesion	2
		11601	Exc tr-ext mlg+marg 0.6-1 cm	1
		11602	Exc tr-ext mlg+marg 1.1-2 cm	1
		11603	Exc tr-ext mlg+marg 2.1-3 cm	1
		11604	Removal of skin lesion	2
		11606	Removal of skin lesion	2
		11624	Removal of skin lesion	2
		11626	Removal of skin lesion	2
		11640	Exc face-mm malig+marg 0.5 <	1
		11641	Exc face-mm malig+marg 0.6-1	1
		11642	Exc face-mm malig+marg 1.1-2	1
		11643	Exc face-mm malig+marg 2.1-3	1
		11644	Removal of skin lesion	2
		11646	Removal of skin lesion	2
		11750	Removal of nail bed	1
		11762	Reconstruction of nail bed	2
		11770	Removal of pilonidal lesion	3

Health and Recovery Services Administration
ASC Fee Schedule
Effective for Dates of Service On and After July 1, 2006

Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		11771	Removal of pilonidal lesion	3
		11772	Removal of pilonidal lesion	3
		11960	Insert tissue expander(s)	2
		11970	Replace tissue expander	3
		11971	Remove tissue expander(s)	1
		12005	Repair superficial wound(s)	2
		12006	Repair superficial wound(s)	2
		12007	Repair superficial wound(s)	2
		12016	Repair superficial wound(s)	2
		12017	Repair superficial wound(s)	2
		12018	Repair superficial wound(s)	2
		12020	Closure of split wound	1
		12021	Closure of split wound	1
		12034	Layer closure of wound(s)	2
		12035	Layer closure of wound(s)	2
		12036	Layer closure of wound(s)	2
		12037	Layer closure of wound(s)	2
		12044	Layer closure of wound(s)	2
		12045	Layer closure of wound(s)	2
		12046	Layer closure of wound(s)	2
		12047	Layer closure of wound(s)	2
		12054	Layer closure of wound(s)	2
		12055	Layer closure of wound(s)	2
		12056	Layer closure of wound(s)	2
		12057	Layer closure of wound(s)	2
		13100	Repair of wound or lesion	2
		13101	Repair of wound or lesion	3
		13102	Repair wound/lesion add-on	4
		13120	Repair of wound or lesion	2
		13121	Repair of wound or lesion	3
		13122	Repair wound/lesion add-on	4
		13131	Repair of wound or lesion	2
		13132	Repair of wound or lesion	3
		13133	Repair wound/lesion add-on	4
		13150	Repair of wound or lesion	3
		13151	Repair of wound or lesion	3
		13152	Repair of wound or lesion	3
		13153	Repair wound/lesion add-on	4
		13160	Late closure of wound	2
		14000	Skin tissue rearrangement	2
		14001	Skin tissue rearrangement	3
		14020	Skin tissue rearrangement	3
		14021	Skin tissue rearrangement	3
		14040	Skin tissue rearrangement	2
		14041	Skin tissue rearrangement	3
		14060	Skin tissue rearrangement	3
		14061	Skin tissue rearrangement	3
		14300	Skin tissue rearrangement	4
		14350	Skin tissue rearrangement	3
		15000	Skin graft	2
		15001	Skin graft add-on	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		15040	Harvest cultured skin graft	2
		15050	Skin pinch graft	2
		15100	Skin split graft	2
		15101	Skin split graft add-on	3
		15110	Epidrm autogft trnk/arm/leg	2
		15111	Epidrm autogft t/a/l add-in	1
		15115	Epidrm a-grft face/nck/hf/g	2
		15116	epidrm a-grft f/n/hf/g addl	1
		15120	Skin split graft	2
		15121	Skin split graft add-on	3
		15130	Derm autograft, trnk/arm/leg	2
		15131	Derm autograft t/a/l add-on	1
		15135	Derm autograft face/nck/hf/g	2
		15136	Derm autograft, f/n/hf/g add	1
		15150	Cult epiderm grft t/arm/leg	2
		15151	Cult epiderm grft t/a/l addl	1
		15152	Cult epiderm graft t/a/l +%	1
		15155	Cult epiderm graft, f/n/hf/g	2
		15156	Cult epiderm grft f/n/hfg add	1
		15157	Cult epiderm grft f/n/hfg +%	1
		15300	Apply skinallogrft, t/arm/lg	2
	*	15301	Apply sknallogrft t/a/l addl	1
		15320	Apply skin allogrft f/n/hf/g	2
	*	15321	Apply sknallogrft f/n / hfg. Add	1
		15330	Aply acell alogrft t/arm/leg	2
	*	15331	Aply acell grft t/a/l add-on	1
		15335	Apply acell graft, f/n/hf/g	2
	*	15336	Aply acell grft f/n/hf/g add	1
		15400	Skin heterograft	2
		15401	Skin heterograft add-on	2
		15420	Apply skin xgraft, f/n/hf/g	2
		15421	Apply skn xgrft f/n/hf/g add	1
		15430	Apply acellular xenograft	2
		15431	Apply acellular xgraft add	1
		15570	Form Skin pedicle flap	3
		15572	Form Skin pedicle flap	3
		15574	Form Skin pedicle flap	3
		15576	Form Skin pedicle flap	3
		15600	Skin graft	3
		15610	Skin graft	3
		15620	Skin graft	4
		15630	Skin graft	3
		15650	Transfer skin pedicle flap	5
		15732	Muscle-skin graft, head/neck	3
		15734	Muscle-skin graft, trunk	3
		15736	Muscle-skin graft, arm	3
		15738	Muscle-skin graft, leg	3
		15740	Island pedicle flap graft	2
		15750	Neurovascular pedicle graft	2
		15760	Composite skin graft	2
		15770	Derma-fat-fascia graft	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		15775	Hair transplant punch grafts	#
		15776	Hair transplant punch grafts	#
		15820	Revision of lower eyelid	#
		15821	Revision of lower eyelid	#
	EPA	15822	Revision of upper eyelid	3
	EPA	15823	Revision of upper eyelid	5
		15824	Removal of forehead wrinkles	#
		15825	Removal of neck wrinkles	#
		15826	Removal of brow wrinkles	#
		15828	Removal of face wrinkles	#
		15829	Removal of skin wrinkles	#
		15831	Excise excessive skin tissue	#
		15832	Excise excessive skin tissue	#
		15833	Excise excessive skin tissue	#
		15834	Excise excessive skin tissue	#
		15835	Excise excessive skin tissue	#
		15836	Excise excessive skin tissue	#
		15839	Excise excessive skin tissue	#
		15840	Graft for face nerve palsy	4
		15841	Graft for face nerve palsy	4
		15845	Skin and muscle repair, face	4
		15851	Removal of sutures	4
		15876	Suction assisted lipectomy	#
		15877	Suction assisted lipectomy	#
		15878	Suction assisted lipectomy	#
		15879	Suction assisted lipectomy	#
		15920	Removal of tail bone ulcer	3
		15922	Removal of tail bone ulcer	4
		15931	Remove sacrum pressure sore	3
		15933	Remove sacrum pressure sore	3
		15934	Remove sacrum pressure sore	3
		15935	Remove sacrum pressure sore	4
		15936	Remove sacrum pressure sore	4
		15937	Remove sacrum pressure sore	4
		15940	Remove hip pressure sore	3
		15941	Remove hip pressure sore	3
		15944	Remove hip pressure sore	3
		15945	Remove hip pressure sore	4
		15946	Remove hip pressure sore	4
		15950	Remove thigh pressure sore	3
		15951	Remove thigh pressure sore	4
		15952	Remove thigh pressure sore	3
		15953	Remove thigh pressure sore	4
		15956	Remove thigh pressure sore	3
		15958	Remove thigh pressure sore	4
		16020	Dress/debrid p-thick burn, s	2
		16025	Dress/debrid p-thick burn, m	2
		16030	Dress/debrid p-thick burn, l	2
		19020	Incision of breast lesion	2
		19100	Bx breast percut w/o image	1
		19101	Biopsy of breast, open	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		19102	Bx breast percut w/image	2
		19103	Bx breast percut w/device	2
		19110	Nipple exploration	2
		19112	Excise breast duct fistula	3
		19120	Removal of breast lesion	3
		19125	Excision, breast lesion	3
		19126	Excision, addl breast lesion	3
	EPA	19140	Removal of breast tissue	4
		19160	Removal of breast tissue	3
		19162	Remove breast tissue, nodes	7
		19180	Removal of breast	4
		19182	Removal of breast	4
		19290	Place needle wire, breast	1
		19291	Place needle wire, breast	1
	PA	19296	Place PO breat cath for rad	9
	PA	19298	Place PO breat cath for rad	1
		19316	Suspension of breast	4
	EPA	19318	Reduction of large breast	4
		19324	Enlarge breast	#
		19325	Enlarge breast with implant	#
		19328	Removal of breast implant	1
		19330	Removal of implant material	1
		19340	Immediate breast prosthesis	2
		19342	Delayed breast prosthesis	3
		19350	Breast reconstruction	4
		19355	Correct inverted nipple(s)	4
		19357	Breast reconstruction	5
		19366	Breast reconstruction	5
		19370	Surgery of breast capsule	4
		19371	Removal of breast capsule	4
		19380	Revise breast reconstruction	5
		20005	Incision of deep abscess	2
		20200	Muscle biopsy	2
		20205	Deep muscle biopsy	3
		20206	Needle biopsy, muscle	1
		20220	Bone biopsy, trocar/needle	1
		20225	Bone biopsy, trocar/needle	2
		20240	Bone biopsy, excisional	2
		20245	Bone biopsy, excisional	3
		20250	Open bone biopsy	3
		20251	Open bone biopsy	3
		20525	Removal of foreign body	3
		20650	Insert and remove bone pin	3
		20670	Removal of support implant	1
		20680	Removal of support implant	3
		20690	Apply bone fixation device	2
		20692	Apply bone fixation device	3
		20693	Adjust bone fixation device	3
		20694	Remove bone fixation device	1
		20900	Removal of bone for graft	3
		20902	Removal of bone for graft	4

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		20910	Remove cartilage for graft	3
		20912	Remove cartilage for graft	3
		20920	Removal of fascia for graft	4
		20922	Removal of fascia for graft	3
		20924	Removal of tendon for graft	4
		20926	Removal of tissue for graft	4
		20975	Electrical bone stimulation	2
		21010	Incision of jaw joint	2
		21015	Resection of facial tumor	3
		21025	Excision of bone, lower jaw	2
		21026	Excision of facial bone(s)	2
		21029	Contour of face bone lesion	2
		21034	Removal of face bone lesion	3
		21040	Removal of jaw bone lesion	2
		21044	Removal of jaw bone lesion	2
		21046	Excision, benign tumor, mandi	2
		21047	Excision, benign tumor, mandi	2
		21050	Removal of jaw joint	3
		21060	Remove jaw joint cartilage	2
		21070	Remove coronoid process	3
		21100	Maxillofacial fixation	2
	PA	21120	Reconstruction of chin	7
		21121	Reconstruction of chin	7
		21122	Reconstruction of chin	7
		21123	Reconstruction of chin	7
		21125	Augmnetation, lower jaw bone	7
		21127	Augmentation, lower jaw bone	9
		21181	Contour cranial bone lesion	7
		21206	Reconstruct upper jaw bone	5
		21208	Augmentation of facial bones	7
		21209	Reduction of facial bones	5
		21210	Face bone graft	7
		21215	Lower jaw bone graft	7
		21230	Rib cartilage graft	7
		21235	Ear cartilage graft	7
		21240	Reconstruction of jaw joint	4
		21242	Reconstruction of jaw joint	5
		21243	Reconstruction of jaw joint	5
		21244	Reconstruction of lower jaw	7
		21245	Reconstruction of jaw	7
		21246	Reconstruction of jaw	7
		21248	Reconstruction of jaw	7
		21249	Reconstruction of jaw	7
		21267	Revise eye sockets	7
		21270	Augmentation, cheek bone	5
		21275	Revision, orbitofacial bones	7
		21280	Revision of eyelid	5
		21282	Revision of eyelid	5
		21295	Reconst lwr jaw w/o fixation	1
		21296	Reconst lwr jaw w/fixation	1
		21300	Treatment of skull fracture	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		21310	Treatment of nose fracture	2
		21315	Treatment of nose fracture	2
		21320	Treatment of nose fracture	2
		21325	Treatment of nose fracture	4
		21330	Treatment of nose fracture	5
		21335	Treatment of nose fracture	7
		21336	Treat nasal septal fracture	4
		21337	Treat nasal septal fracture	2
		21338	Treat nasoethmoid fracture	4
		21339	Treat nasoethmoid fracture	5
		21340	Treatment of nose fracture	4
		21343	Treatment of sinus fracture	5
		21345	Treat nose/jaw fracture	7
		21355	Treat cheek bone fracture	3
		21400	Treat eye socket fracture	2
		21401	Treat eye socket fracture	3
		21421	Treat mouth roof fracture	4
		21445	Treat dental ridge fracture	4
		21450	Treat lower jaw fracture	3
		21451	Treat lower jaw fracture	4
		21452	Treat lower jaw fracture	2
		21453	Treat lower jaw fracture	3
		21454	Treat lower jaw fracture	5
		21461	Treat lower jaw fracture	4
		21462	Treat lower jaw fracture	5
		21465	Treat lower jaw fracture	4
		21480	Reset dislocated jaw	1
		21485	Reset dislocated jaw	2
		21490	Repair dislocated jaw	3
		21497	Interdental wiring	2
		21501	Drain neck/chest lesion	2
		21502	Drain chest lesion	2
		21555	Remove lesion, neck/chest	2
		21556	Remove lesion, neck/chest	2
		21600	Partial removal of rib	2
		21610	Partial removal of rib	2
		21700	Revision of neck muscle	2
		21720	Revision of neck muscle	3
		21725	Revision of neck muscle	3
		21800	Treatment of rib fracture	1
		21805	Treatment of rib fracture	2
		21820	Treat sternum fracture	1
		21925	Biopsy soft tissue of back	2
		21930	Remove lesion, back or flank	2
		21935	Remove tumor, back	3
		22305	Treat spine process fracture	1
		22310	Treat spine fracture	1
		22315	Treat spine fracture	2
		22505	Manipulation of spine	2
		22900	Remove abdominal wall lesion	4
		23000	Removal of calcium deposits	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		23020	Release shoulder joint	2
		23030	Drain shoulder lesion	1
		23031	Drain shoulder bursa	3
		23035	Drain shoulder bone lesion	3
		23040	Exploratory shoulder surgery	3
		23044	Exploratory shoulder surgery	4
		23066	Biopsy shoulder tissues	2
		23075	Removal of shoulder lesion	2
		23076	Removal of shoulder lesion	2
		23077	Remove tumor of shoulder	3
		23100	Biopsy of shoulder joint	2
		23101	Shoulder joint surgery	7
		23105	Remove shoulder joint lining	4
		23106	Incision of collarbone joint	4
		23107	Explore treat shoulder joint	4
		23120	Partial removal, collar bone	5
		23125	Removal of collar bone	5
		23130	Remove shoulder bone, part	5
		23140	Removal of bone lesion	4
		23145	Removal of bone lesion	5
		23146	Removal of bone lesion	5
		23150	Removal of humerus lesion	4
		23155	Removal of humerus lesion	5
		23156	Removal of humerus lesion	5
		23170	Remove collar bone lesion	2
		23172	Remove shoulder blade lesion	2
		23174	Remove humerus lesion	2
		23180	Remove collar bone lesion	4
		23182	Remove shoulder blade lesion	4
		23184	Remove humerus lesion	4
		23190	Partial removal of scapula	4
		23195	Removal of head of humerus	5
		23330	Remove shoulder foreign body	1
		23331	Remove shoulder foreign body	1
		23395	Muscle transfer, shoulder/ar	5
		23397	Muscle transfers	7
		23400	Fixation of shoulder blade	7
		23405	Incision of tendon & muscle	2
		23406	Incise tendon(s) & muscle(s)	2
		23410	Repair of tendon(s)	5
		23412	Repair of tendon(s)	7
		23415	Release of shoulder ligament	5
		23420	Repair of shoulder	7
		23430	Repair biceps tendon	4
		23440	Remove/transplant tendon	4
		23450	Repair shoulder capsule	5
		23455	Repair shoulder capsule	7
		23460	Repair shoulder capsule	5
		23462	Repair shoulder capsule	7
		23465	Repair shoulder capsule	5
		23466	Repair shoulder capsule	7

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		23480	Revision of collar bone	4
		23485	Revision of collar bone	7
		23490	Reinforce clavicle	3
		23491	Reinforce shoulder bones	3
		23500	Treat clavicle fracture	1
		23505	Treat clavicle fracture	1
		23515	Treat clavicle fracture	3
		23520	Treat clavicle dislocation	1
		23525	Treat clavicle dislocation	1
		23530	Treat clavicle dislocation	3
		23532	Treat clavicle dislocation	4
		23540	Treat clavicle dislocation	1
		23545	Treat clavicle dislocation	1
		23550	Treat clavicle dislocation	3
		23552	Treat clavicle dislocation	4
		23570	Treat shoulder blade fx	1
		23575	Treat shoulder blade fx	1
		23585	Treat scapula fracture	3
		23605	Treat humerus fracture	2
		23615	Treat humerus fracture	4
		23616	Treat humerus fracture	4
		23625	Treat humerus fracture	2
		23630	Treat humerus fracture	5
		23650	Treat shoulder dislocation	1
		23655	Treat shoulder dislocation	1
		23660	Treat shoulder dislocation	3
		23665	Treat dislocation/fracture	2
		23670	Treat dislocation/fracture	3
		23675	Treat dislocation/fracture	2
		23680	Treat dislocation/fracture	3
		23700	Fixation of shoulder	1
		23800	Fusion of shoulder joint	4
		23802	Fusion of shoulder joint	7
		23921	Amputation follow-up surgery	3
		23930	Drainage of arm lesion	1
		23931	Drainage of arm bursa	2
		23935	Drain arm/elbow bone lesion	2
		24000	Exploratory elbow surgery	4
		24006	Release elbow joint	4
		24066	Biopsy arm/elbow soft tissue	2
		24075	Remove arm/elbow lesion	2
		24076	Remove arm/elbow lesion	2
		24077	Remove tumor of arm/elbow	3
		24100	Biopsy elbow joint lining	1
		24101	Explore/treat elbow joint	4
		24102	Remove elbow joint lining	4
		24105	Removal of elbow bursa	3
		24110	Remove humerus lesion	2
		24115	Remove/graft bone lesion	3
		24116	Remove/graft bone lesion	3
		24120	Remove elbow lesion	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		24125	Remove/graft bone lesion	3
		24126	Remove/graft bone lesion	3
		24130	Removal of head of radius	3
		24134	Removal of arm bone lesion	2
		24136	Remove radius bone lesion	2
		24138	Remove elbow bone lesion	2
		24140	Partial removal of arm bone	3
		24145	Partial removal of radius	3
		24147	Partial removal of elbow	2
		24155	Removal of elbow joint	3
		24160	Remove elbow joint implant	2
		24164	Remove radius head implant	3
		24201	Removal of arm foreign body	2
		24301	Muscle/tendon transfer	4
		24305	Arm tendon lengthening	4
		24310	Revision of arm tendon	3
		24320	Repair of arm tendon	3
		24330	Revision of arm muscles	3
		24331	Revision of arm muscles	3
		24340	Repair of biceps tendon	3
		24341	Repair arm tendon/muscle	3
		24342	Repair of ruptured tendon	3
		24345	Repr elbw med ligmnt w/tissu	2
		24350	Repair of tennis elbow	3
		24351	Repair of tennis elbow	3
		24352	Repair of tennis elbow	3
		24354	Repair of tennis elbow	3
		24356	Revision of tennis elbow	3
		24360	Reconstruct elbow joint	5
		24361	Reconstruct elbow joint	5
		24362	Reconstruct elbow joint	5
		24363	Replace elbow joint	7
		24365	Reconstruct head of radius	5
		24366	Reconstruct head of radius	5
		24400	Revision of humerus	4
		24410	Revision of humerus	4
		24420	Revision of humerus	3
		24430	Repair of humerus	3
		24435	Repair humerus with graft	4
		24470	Revision of elbow joint	3
		24495	Decompression of forearm	2
		24498	Reinforce humerus	3
		24500	Treat humerus fracture	1
		24505	Treat humerus fracture	1
		24515	Treat humerus fracture	4
		24516	Treat humerus fracture	4
		24530	Treat humerus fracture	1
		24535	Treat humerus fracture	1
		24538	Treat humerus fracture	2
		24545	Treat humerus fracture	4
		24546	Treat humerus fracture	5

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		24560	Treat humerus fracture	1
		24565	Treat humerus fracture	2
		24566	Treat humerus fracture	2
		24575	Treat humerus fracture	3
		24576	Treat humerus fracture	1
		24577	Treat humerus fracture	1
		24579	Treat humerus fracture	3
		24582	Treat humerus fracture	2
		24586	Treat elbow fracture	4
		24587	Treat elbow fracture	5
		24600	Treat elbow dislocation	1
		24605	Treat elbow dislocation	2
		24615	Treat elbow dislocation	3
		24620	Treat elbow fracture	2
		24635	Treat elbow fracture	3
		24655	Treat radius fracture	1
		24665	Treat radius fracture	4
		24666	Treat radius fracture	4
		24670	Treat ulnar fracture	1
		24675	Treat ulnar fracture	1
		24685	Treat ulnar fracture	3
		24800	Fusion of elbow joint	4
		24802	Fusion/graft of elbow joint	5
		24925	Amputation follow-up surgery	3
		25000	Incision of tendon sheath	3
		25020	Decompress forearm 1 space	3
		25023	Decompress forearm 1 space	3
		25024	Decompress forearm 2 spaces	3
		25025	Decompress forearm 2 spaces	3
		25028	Drainage of forearm lesion	1
		25031	Drainage of forearm bursa	2
		25035	Treat forearm bone lesion	2
		25040	Explore/treat wrist joint	5
		25066	Biopsy forearm soft tissues	2
		25075	Remove forearm lesion subcut	2
		25076	Remove forearm lesion deep	3
		25077	Remove tumor, forearm/wrist	3
		25085	Incision of wrist capsule	3
		25100	Biopsy of wrist joint	2
		25101	Explore/treat wrist joint	3
		25105	Remove wrist joint lining	4
		25107	Remove wrist joint cartilage	3
		25110	Remove wrist tendon lesion	3
		25111	Remove wrist tendon lesion	3
		25112	Reremove wrist tendon lesion	4
		25115	Remove wrist/forearm lesion	4
		25116	Remove wrist/forearm lesion	4
		25118	Excise wrist tendon sheath	2
		25119	Partial removal of ulna	3
		25120	Removal of forearm lesion	3
		25125	Remove/graft forearm lesion	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		25126	Remove/graft forearm lesion	3
		25130	Removal of wrist lesion	3
		25135	Remove & graft wrist lesion	3
		25136	Remove & graft wrist lesion	3
		25145	Remove forearm bone lesion	2
		25150	Partial removal of ulna	2
		25151	Partial removal of radius	2
		25210	Removal of wrist bone	3
		25215	Removal of wrist bones	4
		25230	Partial removal of radius	4
		25240	Partial removal of ulna	4
		25248	Remove forearm foreign body	2
		25250	Removal of wrist prosthesis	1
		25251	Removal of wrist prosthesis	1
		25260	Repair forearm tendon/muscle	4
		25263	Repair forearm tendon/muscle	2
		25265	Repair forearm tendon/muscle	3
		25270	Repair forearm tendon/muscle	4
		25272	Repair forearm tendon/muscle	3
		25274	Repair forearm tendon/muscle	4
		25275	Repair forearm tendon sheath	4
		25280	Revise wrist/forearm tendon	4
		25290	Incise wrist/forearm tendon	3
		25295	Release wrist/forearm tendon	3
		25300	Fusion of tendons at wrist	3
		25301	Fusion of tendons at wrist	3
		25310	Transplant forearm tendon	3
		25312	Transplant forearm tendon	4
		25315	Revise palsy hand tendon(s)	3
		25316	Revise palsy hand tendon(s)	3
		25320	Repair/revise wrist joint	3
		25332	Revise wrist joint	5
		25335	Realignment of hand	3
		25337	Reconstruct ulna/radioulnar	5
		25350	Revision of radius	3
		25355	Revision of radius	3
		25360	Revision of ulna	3
		25365	Revise radius & ulna	3
		25370	Revise radius or ulna	3
		25375	Revise radius & ulna	4
		25390	Shorten radius or ulna	3
		25391	Lengthen radius or ulna	4
		25392	Shorten radius & ulna	3
		25393	Lengthen radius & ulna	4
		25400	Repair radius or ulna	3
		25405	Repair/graft radius or ulna	4
		25415	Repair radius & ulna	3
		25420	Repair/graft radius & ulna	4
		25425	Repair/graft radius or ulna	3
		25426	Repair/graft radius & ulna	4
		25440	Repair/graft wrist bone	4

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		25441	Reconstruct wrist joint	5
		25442	Reconstruct wrist joint	5
		25443	Reconstruct wrist joint	5
		25444	Reconstruct wrist joint	5
		25445	Reconstruct wrist joint	5
		25446	Wrist replacement	7
		25447	Repair wrist joint(s)	5
		25449	Remove wrist joint implant	5
		25450	Revision of wrist joint	3
		25455	Revision of wrist joint	3
		25490	Reinforce radius	3
		25491	Reinforce ulna	3
		25492	Reinforce radius and ulna	3
		25505	Treat fracture of radius	1
		25515	Treat fracture of radius	3
		25520	Treat fracture of radius	1
		25525	Treat fracture of radius	4
		25526	Treat fracture of radius	5
		25535	Treat fracture of ulna	1
		25545	Treat fracture of ulna	3
		25565	Treat fracture radius & ulna	2
		25574	Treat fracture radius & ulna	3
		25575	Treat fracture radius/ulna	3
		25605	Treat fracture radius/ulna	3
		25611	Treat fracture radius/ulna	3
		25620	Treat fracture radius/ulna	5
		25624	Treat wrist bone fracture	2
		25628	Treat wrist bone fracture	3
		25635	Treat wrist bone fracture	1
		25645	Treat wrist bone fracture	3
		25660	Treat wrist dislocation	1
		25670	Treat wrist dislocation	3
		25671	Pin radioulnar dislocation	1
		25675	Treat wrist dislocation	1
		25676	Treat wrist dislocation	2
		25680	Treat wrist fracture	2
		25685	Treat wrist fracture	3
		25690	Treat wrist dislocation	1
		25695	Treat wrist dislocation	2
		25800	Fusion of wrist joint	4
		25805	Fusion/graft of wrist joint	5
		25810	Fusion/graft of wrist joint	5
		25820	Fusion of hand bones	4
		25825	Fuse hand bones with graft	5
		25830	Fusion, radioulnar jnt/ulna	5
		25907	Amputation follow-up surgery	3
		25922	Amputate hand at wrist	3
		25929	Amputation follow-up surgery	3
		26011	Drainage of finger abscess	1
		26020	Drain hand tendon sheath	2
		26025	Drainage of palm bursa	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		26030	Drainage of palm bursa(s)	2
		26034	Treat hand bone lesion	2
		26040	Release palm contracture	4
		26045	Release palm contracture	3
		26055	Incise finger tendon sheath	2
		26060	Incision of finger tendon	2
		26070	Explore/treat hand joint	2
		26075	Explore/treat finger joint	4
		26080	Explore/treat finger joint	4
		26100	Biopsy hand joint lining	2
		26105	Biopsy finger joint lining	1
		26110	Biopsy finger joint lining	1
		26115	Remove hand lesion subcut	2
		26116	Remove hand lesion, deep	2
		26117	Remove tumor, hand/finger	3
		26121	Release palm contracture	4
		26123	Release palm contracture	4
		26125	Release palm contracture	4
		26130	Remove wrist joint lining	3
		26135	Revise finger joint, each	4
		26140	Revise finger joint, each	2
		26145	Tendon excision, palm/finger	3
		26160	Remove tendon sheath lesion	3
		26170	Removal of palm tendon, each	3
		26180	Removal of finger tendon	3
		26185	Remove finger bone	4
		26200	Remove hand bone lesion	2
		26205	Remove/graft bone lesion	3
		26210	Removal of finger lesion	2
		26215	Remove/graft finger lesion	3
		26230	Partial removal of hand bone	7
		26235	Partial removal, finger bone	3
		26236	Partial removal, finger bone	3
		26250	Extensive hand surgery	3
		26255	Extensive hand surgery	3
		26260	Extensive finger surgery	3
		26261	Extensive finger surgery	3
		26262	Partial removal of finger	2
		26320	Removal of implant from hand	2
		26350	Repair finger/hand tendon	1
		26352	Repair/graft hand tendon	4
		26356	Repair finger/hand tendon	4
		26357	Repair finger/hand tendon	4
		26358	Repair/graft hand tendon	4
		26370	Repair finger/hand tendon	4
		26372	Repair/graft hand tendon	4
		26373	Repair finger/hand tendon	3
		26390	Revise hand/finger tendon	4
		26392	Repair/graft hand tendon	3
		26410	Repair hand tendon	3
		26412	Repair/graft hand tendon	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		26415	Excision, hand/finger tendon	4
		26416	Graft hand or finger tendon	3
		26418	Repair finger tendon	4
		26420	Repair/graft finger tendon	4
		26426	Repair finger/hand tendon	3
		26428	Repair/graft finger tendon	3
		26432	Repair finger tendon	3
		26433	Repair finger tendon	3
		26434	Repair/graft finger tendon	3
		26437	Realignment of tendons	3
		26440	Release palm/finger tendon	3
		26442	Release palm & finger tendon	3
		26445	Release hand/finger tendon	3
		26449	Release forearm/hand tendon	3
		26450	Incision of palm tendon	3
		26455	Incision of finger tendon	3
		26460	Incise hand/finger tendon	3
		26471	Fusion of finger tendons	2
		26474	Fusion of finger tendons	2
		26476	Tendon lengthening	1
		26477	Tendon shortening	1
		26478	Lengthening of hand tendon	1
		26479	Shortening of hand tendon	1
		26480	Transplant hand tendon	3
		26483	Transplant/graft hand tendon	3
		26485	Transplant palm tendon	2
		26489	Transplant/graft palm tendon	3
		26490	Revise thumb tendon	3
		26492	Tendon transfer with graft	3
		26494	Hand tendon/muscle transfer	3
		26496	Revise thumb tendon	3
		26497	Finger tendon transfer	3
		26498	Finger tendon transfer	4
		26499	Revision of finger	3
		26500	Hand tendon reconstruction	4
		26502	Hand tendon reconstruction	4
		26504	Hand tendon reconstruction	4
		26508	Release thumb contracture	3
		26510	Thumb tendon transfer	3
		26516	Fusion of knuckle joint	1
		26517	Fusion of knuckle joints	3
		26518	Fusion of knuckle joints	3
		26520	Release knuckle contracture	3
		26525	Release finger contracture	3
		26530	Revise knuckle joint	3
		26531	Revise knuckle with implant	7
		26535	Revise finger joint	5
		26536	Revise/implant finger joint	5
		26540	Repair hand joint	4
		26541	Repair hand joint with graft	7
		26542	Repair hand joint with graft	4

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		26545	Reconstruct finger joint	4
		26546	Repair nonunion hand	4
		26548	Reconstruct finger joint	4
		26550	Construct thumb replacement	2
		26555	Positional change of finger	3
		26560	Repair of web finger	2
		26561	Repair of web finger	3
		26562	Repair of web finger	4
		26565	Correct metacarpal flaw	5
		26567	Correct finger deformity	5
		26568	Lengthen metacarpal/finger	3
		26580	Repair hand deformity	5
		26587	Reconstruct extra finger	5
		26590	Repair finger deformity	5
		26591	Repair muscles of hand	3
		26593	Release muscles of hand	3
		26596	Excision constricting tissue	2
		26605	Treat metacarpal fracture	2
		26607	Treat metacarpal fracture	2
		26608	Treat metacarpal fracture	4
		26615	Treat metacarpal fracture	4
		26645	Treat thumb fracture	1
		26650	Treat thumb fracture	2
		26665	Treat thumb fracture	4
		26675	Treat hand dislocation	2
		26676	Pin hand dislocation	2
		26685	Treat hand dislocation	3
		26686	Treat hand dislocation	3
		26705	Treat knuckle dislocation	2
		26706	Pin knuckle dislocation	2
		26715	Treat knuckle dislocation	4
		26727	Treat finger fracture, each	7
		26735	Treat finger fracture, each	4
		26742	Treat finger fracture, each	2
		26746	Treat finger fracture, each	5
		26756	Pin finger fracture, each	2
		26765	Treat finger fracture, each	4
		26775	Treat finger dislocation	2
		26776	Pin finger dislocation	2
		26785	Treat finger dislocation	2
		26820	Thumb fusion with graft	5
		26841	Fusion of thumb	4
		26842	Thumb fusion with graft	4
		26843	Fusion of hand joint	3
		26844	Fusion/graft of hand joint	3
		26850	Fusion of knuckle	4
		26852	Fusion of knuckle with graft	4
		26860	Fusion of finger joint	3
		26861	Fusion of finger jnt, add-on	2
		26862	Fusion/graft of finger joint	4
		26863	Fuse/graft added joint	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		26910	Amputate metacarpal bone	3
		26951	Amputation of finger/thumb	2
		26952	Amputation of finger/thumb	4
		26990	Drainage of pelvis lesion	1
		26991	Drainage of pelvis bursa	1
		27000	Incision of hip tendon	2
		27001	Incision of hip tendon	3
		27003	Incision of hip tendon	3
		27033	Exploration of hip joint	3
		27035	Denervation of hip joint	4
		27040	Biopsy of soft tissues	1
		27041	Biopsy of soft tissues	2
		27047	Remove hip/pelvis lesion	2
		27048	Remove hip/pelvis lesion	3
		27049	Remove tumor, hip/pelvis	3
		27050	Biopsy of sacroiliac joint	3
		27052	Biopsy of hip joint	3
		27060	Removal of ischial bursa	5
		27062	Remove femur lesion/bursa	5
		27065	Removal of hip bone lesion	5
		27066	Removal of hip bone lesion	5
		27067	Remove/graft hip bone lesion	5
		27080	Removal of tail bone	2
		27086	Remove hip foreign body	1
		27087	Remove hip foreign body	3
		27097	Revision of hip tendon	3
		27098	Transfer tendon to pelvis	3
		27100	Transfer of abdominal muscle	4
		27105	Transfer of spinal muscle	4
		27110	Transfer of iliopsoas muscle	4
		27111	Transfer of iliopsoas muscle	4
		27193	Treat pelvic ring fracture	1
		27194	Treat pelvic ring fracture	2
		27202	Treat tail bone fracture	2
		27230	Treat thigh fracture	1
		27238	Treat thigh fracture	1
		27246	Treat thigh fracture	1
		27250	Treat hip dislocation	1
		27252	Treat hip dislocation	2
		27257	Treat hip dislocation	3
		27265	Treat hip dislocation	1
		27266	Treat hip dislocation	2
		27275	Manipulation of hip joint	2
		27301	Drain thigh/knee lesion	3
		27305	Incise thigh tendon & fascia	2
		27306	Incision of thigh tendon	3
		27307	Incision of thigh tendons	3
		27310	Exploration of knee joint	4
		27315	Partial removal, thigh nerve	2
		27320	Partial removal, thigh nerve	2
		27323	Biopsy, thigh soft tissues	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		27324	Biopsy, thigh soft tissues	1
		27327	Removal of thigh lesion	2
		27328	Removal of thigh lesion	3
		27329	Remove tumor, thigh/knee	4
		27330	Biopsy, knee joint lining	4
		27331	Explore/treat knee joint	4
		27332	Removal of knee cartilage	4
		27333	Removal of knee cartilage	4
		27334	Remove knee joint lining	4
		27335	Remove knee joint lining	4
		27340	Removal of kneecap bursa	3
		27345	Removal of knee cyst	4
		27347	Remove knee cyst	4
		27350	Removal of kneecap	4
		27355	Remove femur lesion	3
		27356	Remove femur lesion/graft	4
		27357	Remove femur lesion/graft	5
		27358	Remove femur lesion/fixation	5
		27360	Partial removal, leg bone(s)	5
		27372	Removal of foreign body	7
		27380	Repair of kneecap tendon	1
		27381	Repair/graft kneecap tendon	3
		27385	Repair of thigh muscle	3
		27386	Repair/graft of thigh muscle	3
		27390	Incision of thigh tendon	1
		27391	Incision of thigh tendons	2
		27392	Incision of thigh tendons	3
		27393	Lengthening of thigh tendon	2
		27394	Lengthening of thigh tendons	3
		27395	Lengthening of thigh tendons	3
		27396	Transplant of thigh tendon	3
		27397	Transplants of thigh tendons	3
		27400	Revise thigh muscles/tendons	3
		27403	Repair of knee cartilage	4
		27405	Repair of knee ligament	4
		27407	Repair of knee ligament	4
		27409	Repair of knee ligaments	4
		27418	Repair degenerated kneecap	3
		27420	Revision of unstable kneecap	3
		27422	Revision of unstable kneecap	7
		27424	Revision/removal of kneecap	3
		27425	Lateral retinacular release	7
		27427	Reconstruction, knee	3
		27428	Reconstruction, knee	4
		27429	Reconstruction, knee	4
		27430	Revision of thigh muscles	4
		27435	Incision of knee joint	4
		27437	Revise kneecap	4
		27438	Revise kneecap with implant	5
		27441	Revision of knee joint	5
		27442	Revision of knee joint	5

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		27443	Revision of knee joint	5
		27496	Decompression of thigh/knee	5
		27497	Decompression of thigh/knee	3
		27498	Decompression of thigh/knee	3
		27499	Decompression of thigh/knee	3
		27500	Treatment of thigh fracture	1
		27501	Treatment of thigh fracture	2
		27502	Treatment of thigh fracture	2
		27503	Treatment of thigh fracture	3
		27508	Treatment of thigh fracture	1
		27509	Treatment of thigh fracture	3
		27510	Treatment of thigh fracture	1
		27516	Treat thigh fx growth plate	1
		27517	Treat thigh fx growth plate	1
		27520	Treat kneecap fracture	1
		27530	Treat knee fracture	1
		27532	Treat knee fracture	1
		27538	Treat knee fracture(s)	1
		27550	Treat knee dislocation	1
		27552	Treat knee dislocation	1
		27560	Treat kneecap dislocation	1
		27562	Treat kneecap dislocation	1
		27566	Treat kneecap dislocation	2
		27570	Fixation of knee joint	1
		27594	Amputation follow-up surgery	3
		27600	Decompression of lower leg	3
		27601	Decompression of lower leg	3
		27602	Decompression of lower leg	3
		27603	Drain lower leg lesion	2
		27604	Drain lower leg bursa	2
		27605	Incision of achilles tendon	1
		27606	Incision of achilles tendon	1
		27607	Treat lower leg bone lesion	2
		27610	Explore/treat ankle joint	2
		27612	Exploration of ankle joint	3
		27614	Biopsy lower leg soft tissue	2
		27615	Remove tumor, lower leg	3
		27618	Remove lower leg lesion	2
		27619	Remove lower leg lesion	3
		27620	Explore/treat ankle joint	4
		27625	Remove ankle joint lining	4
		27626	Remove ankle joint lining	4
		27630	Removal of tendon lesion	3
		27635	Remove lower leg bone lesion	3
		27637	Remove/graft leg bone lesion	3
		27638	Remove/graft leg bone lesion	3
		27640	Partial removal of tibia	2
		27641	Partial removal of fibula	2
		27647	Extensive ankle/heel surgery	3
		27650	Repair achilles tendon	3
		27652	Repair/graft achilles tendon	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		27654	Repair of achilles tendon	3
		27656	Repair leg fascia defect	2
		27658	Repair of leg tendon, each	1
		27659	Repair of leg tendon, each	2
		27664	Repair of leg tendon, each	2
		27665	Repair of leg tendon, each	2
		27675	Repair lower leg tendons	2
		27676	Repair lower leg tendons	3
		27680	Release of lower leg tendon	3
		27681	Release of lower leg tendons	2
		27685	Revision of lower leg tendon	3
		27686	Revise lower leg tendons	3
		27687	Revision of calf tendon	3
		27690	Revise lower leg tendon	4
		27691	Revise lower leg tendon	4
		27692	Revise additional leg tendon	3
		27695	Repair of ankle ligament	2
		27696	Repair of ankle ligaments	2
		27698	Repair of ankle ligament	2
		27700	Revision of ankle joint	5
		27704	Removal of ankle implant	2
		27705	Incision of tibia	2
		27707	Incision of fibula	2
		27709	Incision of tibia & fibula	2
		27730	Repair of tibia epiphysis	2
		27732	Repair of fibula epiphysis	2
		27734	Repair lower leg epiphyses	2
		27740	Repair of leg epiphyses	2
		27742	Repair of leg epiphyses	2
		27745	Reinforce tibia	3
		27750	Treatment of tibia fracture	1
		27752	Treatment of tibia fracture	1
		27756	Treatment of tibia fracture	3
		27758	Treatment of tibia fracture	4
		27759	Treatment of tibia fracture	4
		27760	Treatment of ankle fracture	1
		27762	Treatment of ankle fracture	1
		27766	Treatment of ankle fracture	3
		27780	Treatment of fibula fracture	1
		27781	Treatment of fibula fracture	1
		27784	Treatment of fibula fracture	3
		27786	Treatment of ankle fracture	1
		27788	Treatment of ankle fracture	1
		27792	Treatment of ankle fracture	3
		27808	Treatment of ankle fracture	1
		27810	Treatment of ankle fracture	1
		27814	Treatment of ankle fracture	3
		27816	Treatment of ankle fracture	1
		27818	Treatment of ankle fracture	1
		27822	Treatment of ankle fracture	3
		27823	Treatment of ankle fracture	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		27824	Treat lower leg fracture	1
		27825	Treat lower leg fracture	2
		27826	Treat lower leg fracture	3
		27827	Treat lower leg fracture	3
		27828	Treat lower leg fracture	4
		27829	Treat lower leg joint	2
		27830	Treat lower leg dislocation	1
		27831	Treat lower leg dislocation	1
		27832	Treat lower leg dislocation	2
		27840	Treat ankle dislocation	1
		27842	Treat ankle dislocation	1
		27846	Treat ankle dislocation	3
		27848	Treat ankle dislocation	3
		27860	Fixation of ankle joint	1
		27870	Fusion of ankle joint	4
		27871	Fusion of tibiofibular joint	4
		27884	Amputation follow-up surgery	3
		27889	Amputation of foot at ankle	3
		27892	Decompression of leg	3
		27893	Decompression of leg	3
		27894	Decompression of leg	3
		28002	Treatment of foot infection	3
		28003	Treatment of foot infection	3
		28005	Treat foot bone lesion	3
		28008	Incision of foot fascia	3
		28011	Incision of toe tendons	3
		28020	Exploration of foot joint	2
		28022	Exploration of foot joint	2
		28024	Exploration of toe joint	2
		28030	Removal of foot nerve	4
		28035	Decompression of tibia nerve	4
		28043	Excision of foot lesion	2
		28045	Excision of foot lesion	3
		28046	Resection of tumor, foot	3
		28050	Biopsy of foot joint lining	2
		28052	Biopsy of foot joint lining	2
		28054	Biopsy of toe joint lining	2
		28060	Partial removal, foot fascia	2
		28062	Removal of foot fascia	3
		28070	Removal of foot joint lining	3
		28072	Removal of foot joint lining	3
		28080	Removal of foot lesion	3
		28086	Excise foot tendon sheath	2
		28088	Excise foot tendon sheath	2
		28090	Removal of foot lesion	3
		28092	Removal of toe lesions	3
		28100	Removal of ankle/heel lesion	2
		28102	Remove/graft foot lesion	3
		28103	Remove/graft foot lesion	3
		28104	Removal of foot lesion	2
		28106	Remove/graft foot lesion	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		28107	Remove/graft foot lesion	3
		28108	Removal of toe lesions	2
		28110	Part removal of metatarsal	3
		28111	Part removal of metatarsal	3
		28112	Part removal of metatarsal	3
		28113	Part removal of metatarsal	3
		28114	Removal of metatarsal heads	3
		28116	Revision of foot	3
		28118	Removal of heel bone	4
		28119	Removal of heel spur	4
		28120	Part removal of ankle/heel	7
		28122	Partial removal of foot bone	3
		28126	Partial removal of toe	3
		28130	Removal of ankle bone	3
		28140	Removal of metatarsal	3
		28150	Removal of toe	3
		28153	Partial removal of toe	3
		28160	Partial removal of toe	3
		28171	Extensive foot surgery	3
		28173	Extensive foot surgery	3
		28175	Extensive foot surgery	3
		28192	Removal of foot foreign body	2
		28193	Removal of foot foreign body	4
		28200	Repair of foot tendon	3
		28202	Repair/graft of foot tendon	3
		28208	Repair of foot tendon	3
		28210	Repair/graft of foot tendon	3
		28220	Release of foot tendon	1
		28222	Release of foot tendons	1
		28225	Release of foot tendon	1
		28226	Release of foot tendons	1
		28234	Incision of foot tendon	2
		28238	Revision of foot tendon	3
		28240	Release of big toe	2
		28250	Revision of foot fascia	3
		28260	Release of midfoot joint	3
		28261	Revision of foot tendon	3
		28262	Revision of foot and ankle	4
		28264	Release of midfoot joint	1
		28270	Release of foot contracture	3
		28280	Fusion of toes	2
		28285	Repair of hammertoe	3
		28286	Repair of hammertoe	4
		28288	Partial removal of foot bone	3
		28289	Repair hallux rigidus	3
		28290	Correction of bunion	2
		28292	Correction of bunion	2
		28293	Correction of bunion	3
		28294	Correction of bunion	3
		28296	Correction of bunion	3
		28297	Correction of bunion	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		28298	Correction of bunion	3
		28299	Correction of bunion	5
		28300	Incision of heel bone	2
		28302	Incision of ankle bone	2
		28304	Incision of midfoot bones	2
		28305	Incise/graft midfoot bones	3
		28306	Incision of metatarsal	4
		28307	Incision of metatarsal	4
		28308	Incision of metatarsal	2
		28309	Incision of metatarsals	4
		28310	Revision of big toe	3
		28312	Revision of toe	3
		28313	Repair deformity of toe	2
		28315	Removal of sesamoid bone	4
		28320	Repair of foot bones	4
		28322	Repair of metatarsals	4
		28340	Resect enlarged toe tissue	4
		28341	Resect enlarged toe	4
		28344	Repair extra toe(s)	4
		28345	Repair webbed toe(s)	4
		28400	Treatment of heel fracture	1
		28405	Treatment of heel fracture	2
		28406	Treatment of heel fracture	2
		28415	Treat heel fracture	3
		28420	Treat/graft heel fracture	4
		28435	Treatment of ankle fracture	2
		28436	Treatment of ankle fracture	2
		28445	Treat ankle fracture	3
		28456	Treat midfoot fracture	2
		28465	Treat midfoot fracture, each	3
		28476	Treat metatarsal fracture	2
		28485	Treat metatarsal fracture	4
		28496	Treat big toe fracture	2
		28505	Treat big toe fracture	3
		28525	Treat toe fracture	3
		28531	Treat sesamoid bone fracture	3
		28545	Treat foot dislocation	1
		28546	Treat foot dislocation	2
		28555	Repair foot dislocation	2
		28575	Treat foot dislocation	1
		28576	Treat foot dislocation	3
		28585	Repair foot dislocation	3
		28605	Treat foot dislocation	1
		28606	Treat foot dislocation	2
		28615	Repair foot dislocation	3
		28635	Treat toe dislocation	1
		28636	Treat toe dislocation	3
		28645	Repair toe dislocation	3
		28665	Treat toe dislocation	1
		28666	Treat toe dislocation	3
		28675	Repair of toe dislocation	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		28705	Fusion of foot bones	4
		28715	Fusion of foot bones	4
		28725	Fusion of foot bones	4
		28730	Fusion of foot bones	4
		28735	Fusion of foot bones	4
		28737	Revision of foot bones	5
		28740	Fusion of foot bones	4
		28750	Fusion of big toe joint	4
		28755	Fusion of big toe joint	4
		28760	Fusion of big toe joint	4
		28810	Amputation toe & metatarsal	2
		28820	Amputation of toe	2
		28825	Partial amputation of toe	2
		29800	Jaw arthroscopy/surgery	3
		29804	Jaw arthroscopy/surgery	3
		29805	Shoulder arthroscopy, dx	3
		29806	Shoulder arthroscopy/surgery	3
		29807	Shoulder arthroscopy/surgery	3
		29819	Shoulder arthroscopy/surgery	3
		29820	Shoulder arthroscopy/surgery	3
		29821	Shoulder arthroscopy/surgery	3
		29822	Shoulder arthroscopy/surgery	3
		29823	Shoulder arthroscopy/surgery	3
		29824	Shoulder arthroscopy/surgery	5
		29825	Shoulder arthroscopy/surgery	3
		29826	Shoulder arthroscopy/surgery	3
		29827	Arthroscop rotator cuff repr	5
		29830	Elbow arthroscopy	3
		29834	Elbow arthroscopy/surgery	3
		29835	Elbow arthroscopy/surgery	3
		29836	Elbow arthroscopy/surgery	3
		29837	Elbow arthroscopy/surgery	3
		29838	Elbow arthroscopy/surgery	3
		29840	Wrist arthroscopy	3
		29843	Wrist arthroscopy/surgery	3
		29844	Wrist arthroscopy/surgery	3
		29845	Wrist arthroscopy/surgery	3
		29846	Wrist arthroscopy/surgery	3
		29847	Wrist arthroscopy/surgery	3
		29848	Wrist endoscopy/surgery	9
		29850	Knee arthroscopy/surgery	4
		29851	Knee arthroscopy/surgery	4
		29855	Tibial arthroscopy/surgery	4
		29856	Tibial arthroscopy/surgery	4
		29860	Hip arthroscopy, dx	4
		29861	Hip arthroscopy/surgery	4
		29862	Hip arthroscopy/surgery	9
		29863	Hip arthroscopy/surgery	4
		29870	Knee arthroscopy, dx	3
		29871	Knee arthroscopy/drainage	3
		29873	Knee arthroscopy/surgery	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		29874	Knee arthroscopy/surgery	3
		29875	Knee arthroscopy/surgery	4
		29876	Knee arthroscopy/surgery	4
		29877	Knee arthroscopy/surgery	4
		29879	Knee arthroscopy/surgery	3
		29880	Knee arthroscopy/surgery	4
		29881	Knee arthroscopy/surgery	4
		29882	Knee arthroscopy/surgery	3
		29883	Knee arthroscopy/surgery	3
		29884	Knee arthroscopy/surgery	3
		29885	Knee arthroscopy/surgery	3
		29886	Knee arthroscopy/surgery	3
		29887	Knee arthroscopy/surgery	3
		29888	Knee arthroscopy/surgery	3
		29889	Knee arthroscopy/surgery	3
		29891	Ankle arthroscopy/surgery	3
		29892	Ankle arthroscopy/surgery	3
		29893	Scope, plantar fasciotomy	9
		29894	Ankle arthroscopy/surgery	3
		29895	Ankle arthroscopy/surgery	3
		29897	Ankle arthroscopy/surgery	3
		29898	Ankle arthroscopy/surgery	3
		29899	Ankle arthroscopy/surgery	3
		29900	Mcp joint arthroscopy, dx	3
		29901	Mcp joint arthroscopy, surg	3
		29902	Mcp joint arthroscopy, surg	3
		30115	Removal of nose polyp(s)	2
		30117	Removal of intranasal lesion	3
		30118	Removal of intranasal lesion	3
		30120	Revision of nose	1
		30125	Removal of nose lesion	2
		30130	Removal of turbinate bones	3
		30140	Removal of turbinate bones	2
		30150	Partial removal of nose	3
		30160	Removal of nose	4
		30220	Insert Nasal Septal Button	3
		30310	Remove nasal foreign body	1
		30320	Remove nasal foreign body	2
		30400	Reconstruction of nose	#
		30410	Reconstruction of nose	#
		30420	Reconstruction of nose	#
		30430	Revision of nose	#
		30435	Revision of nose	#
		30450	Revision of nose	#
		30460	Revision of nose	7
		30462	Revision of nose	9
		30465	Repair nasal stenosis	9
		30520	Repair of nasal septum	4
		30540	Repair nasal defect	5
		30545	Repair nasal defect	5
		30560	Release of nasal adhesions	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		30580	Repair upper jaw fistula	4
		30600	Repair mouth/nose fistula	4
		30620	Intranasal reconstruction	7
		30630	Repair nasal septum defect	7
		30801	Cauterization, inner nose	1
		30802	Cauterization, inner nose	1
		30903	Control of nosebleed	1
		30905	Control of nosebleed	1
		30906	Repeat control of nosebleed	1
		30915	Ligation, nasal sinus artery	2
		30920	Ligation, upper jaw artery	3
		30930	Therapy, fracture of nose	4
		31020	Exploration, maxillary sinus	2
		31030	Exploration, maxillary sinus	3
		31032	Explore sinus,remove polyps	4
		31050	Exploration, sphenoid sinus	2
		31051	Sphenoid sinus surgery	4
		31070	Exploration of frontal sinus	2
		31075	Exploration of frontal sinus	4
		31080	Removal of frontal sinus	4
		31081	Removal of frontal sinus	4
		31084	Removal of frontal sinus	4
		31085	Removal of frontal sinus	4
		31086	Removal of frontal sinus	4
		31087	Removal of frontal sinus	4
		31090	Exploration of sinuses	5
		31200	Removal of ethmoid sinus	2
		31201	Removal of ethmoid sinus	5
		31205	Removal of ethmoid sinus	3
		31233	Nasal/sinus endoscopy, dx	2
		31235	Nasal/sinus endoscopy, dx	1
		31237	Nasal/sinus endoscopy, surg	2
		31238	Nasal/sinus endoscopy, surg	1
		31239	Nasal/sinus endoscopy, surg	4
		31240	Nasal/sinus endoscopy, surg	2
		31254	Revision of ethmoid sinus	3
		31255	Removal of ethmoid sinus	5
		31256	Exploration maxillary sinus	3
		31267	Endoscopy, maxillary sinus	3
		31276	Sinus endoscopy, surgical	3
		31287	Nasal/sinus endoscopy, surg	3
		31288	Nasal/sinus endoscopy, surg	3
		31300	Removal of larynx lesion	5
		31320	Diagnostic incision, larynx	2
		31400	Revision of larynx	2
		31420	Removal of epiglottis	2
		31505	Diagnostic laryngoscopy	2
		31510	Laryngoscopy with biopsy	2
		31511	Remove foreign body, larynx	2
		31512	Removal of larynx lesion	2
		31513	Injection into vocal cord	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		31515	Laryngoscopy for aspiration	1
		31525	Diagnostic laryngoscopy	1
		31526	Diagnostic laryngoscopy	2
		31527	Laryngoscopy for treatment	1
		31528	Laryngoscopy and dilation	2
		31529	Laryngoscopy and dilation	2
		31530	Operative laryngoscopy	2
		31531	Operative laryngoscopy	3
		31535	Operative laryngoscopy	2
		31536	Operative laryngoscopy	3
		31540	Operative laryngoscopy	3
		31541	Operative laryngoscopy	4
		31545	Remove VC lesion w/scope	4
		31546	Remove VC lesion scope/graft	4
		31560	Operative laryngoscopy	5
		31561	Operative laryngoscopy	5
		31570	Laryngoscopy with injection	2
		31571	Laryngoscopy with injection	2
		31576	Laryngoscopy with biopsy	2
		31577	Remove foreign body, larynx	2
		31578	Removal of larynx lesion	2
		31580	Revision of larynx	5
		31582	Revision of larynx	5
		31588	Revision of larynx	5
		31590	Reinnervate larynx	5
		31595	Larynx nerve surgery	2
		31603	Incision of windpipe	1
		31611	Surgery/speech prosthesis	3
		31612	Puncture/clear windpipe	1
		31613	Repair windpipe opening	2
		31614	Repair windpipe opening	2
		31615	Visualization of windpipe	1
		31622	Dx bronchoscope/wash	1
		31623	Dx bronchoscope/brush	2
		31624	Dx bronchoscope/lavage	2
		31625	Bronchoscopy with biopsy	2
		31628	Bronchoscopy with biopsy	2
		31629	Bronchoscopy with biopsy	2
		31630	Bronchoscopy with repair	2
		31631	Bronchoscopy with dilation	2
		31635	Remove foreign body, airway	2
		31636	Bronchoscopy, branch stents	2
		31637	Bronchoscopy stent add-on	1
		31638	Bronchoscopy, revise stent	2
		31640	Bronchoscopy & remove lesion	2
		31641	Bronchoscopy, treat blockage	2
		31643	Diag bronchoscope/catheter	2
		31645	Bronchoscopy, clear airways	1
		31646	Bronchoscopy, reclear airway	1
		31656	Bronchoscopy, inj for xray	1
		31700	Insertion of airway catheter	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		31717	Bronchial brush biopsy	1
		31720	Clearance of airways	1
		31730	Intro, windpipe wire/tube	1
		31750	Repair of windpipe	5
		31755	Repair of windpipe	2
		31820	Closure of windpipe lesion	1
		31825	Repair of windpipe defect	2
		31830	Revise windpipe scar	2
		32000	Drainage of chest	1
		32400	Needle biopsy chest lining	1
		32405	Biopsy, lung or mediastinum	1
		32420	Puncture/clear lung	1
		33010	Drainage of heart sac	2
		33011	Repeat drainage of heart sac	2
		33212	Insertion of pulse generator	3
		33213	Insertion of pulse generator	3
		33222	Revise pocket, pacemaker	2
		33223	Revise pocket, pacing-defib	2
		33233	Removal of pacemaker system	2
		35188	Repair blood vessel lesion	4
		35207	Repair blood vessel lesion	4
		35875	Removal of clot in graft	9
		35876	Removal of clot in graft	9
		36260	Insertion of infusion pump	3
		36261	Revision of infusion pump	2
		36262	Removal of infusion pump	1
		36475	Endovenous RF, 1st vein	#
		36476	Endovenous RF, vein add-on	#
		36478	Endovenous laser vein 1st vein	#
		36479	Endovenous laser vein add-on	#
		36555	Insert non-tunnel cv cath	1
		36556	Insert non-tunnel cv cath	1
		36557	Insert tunneled cv cath	2
		36558	Insert tunneled cv cath	2
		36560	Insert tunneled cv cath	3
		36561	Insert tunneled cv cath	3
		36563	Insert tunneled cv cath	3
		36565	Insert tunneled cv cath	3
		36566	Insert tunneled cv cath	3
		36568	Insert tunneled cv cath	1
		36569	Insert tunneled cv cath	1
		36570	Insert tunneled cv cath	3
		36571	Insert tunneled cv cath	3
		36575	Repair tunneled cv cath	2
		36576	Repair tunneled cv cath	2
		36578	Replace tunneled cv cath	2
		36580	Replace tunneled cv cath	1
		36581	Replace tunneled cv cath	2
		36582	Replace tunneled cv cath	3
		36583	Replace tunneled cv cath	3
		36584	Replace tunneled cv cath	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		36585	Replace tunneled cv cath	3
		36589	Removal tunneled cv cath	1
		36590	Removal tunneled cv cath	1
		36640	Insertion catheter, artery	1
		36800	Insertion of cannula	3
		36810	Insertion of cannula	3
		36815	Insertion of cannula	3
		36819	Av fusion/uppr arm vein	3
		36820	Av fusion/forearm vein	3
		36821	Av fusion direct any site	3
		36825	Artery-vein graft	4
		36830	Artery-vein graft	4
		36831	Open thrombect av fistula	9
		36832	Av fistula revision, open	4
		36833	Av fistula revision	4
		36834	Repair AV aneurysm	3
		36835	Artery to vein shunt	4
		36860	External cannula declotting	2
		36861	Cannula declotting	3
		36870	Percut thrombect av fistula	9
		37500	Endoscopy ligate perf veins	3
		37607	Ligation of a-v fistula	3
		37609	Temporal artery procedure	2
		37650	Revision of major vein	2
		37700	Revise leg vein	2
		37718	Ligate/strip short leg vein	3
		37722	Ligate/strip long leg vein	3
		37735	Removal of leg veins/lesion	3
		37760	Revision of leg veins	3
		37780	Revision of leg vein	3
		37785	Revise secondary varicosity	3
		37790	Penile venous occlusion	3
		38300	Drainage, lymph node lesion	1
		38305	Drainage, lymph node lesion	2
		38308	Incision of lymph channels	2
		38500	Biopsy/removal, lymph nodes	2
		38505	Needle biopsy, lymph nodes	1
		38510	Biopsy/removal, lymph nodes	2
		38520	Biopsy/removal, lymph nodes	2
		38525	Biopsy/removal, lymph nodes	2
		38530	Biopsy/removal, lymph nodes	2
		38542	Explore deep node(s), neck	2
		38550	Removal, neck/armpit lesion	3
		38555	Removal, neck/armpit lesion	4
		38570	Laparoscopy, lymph node biop	9
		38571	Laparoscopy, lymphadenectomy	9
		38572	Laparoscopy, lymphadenectomy	9
		38740	Remove armpit lymph nodes	2
		38745	Remove armpit lymph nodes	4
		38760	Remove groin lymph nodes	2
		40500	Partial excision of lip	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		40510	Partial excision of lip	2
		40520	Partial excision of lip	2
		40525	Reconstruct lip with flap	2
		40527	Reconstruct lip with flap	2
		40530	Partial removal of lip	2
		40650	Repair lip	3
		40652	Repair lip	3
		40654	Repair lip	3
		40700	Repair cleft lip/nasal	7
		40701	Repair cleft lip/nasal	7
		40720	Repair cleft lip/nasal	7
		40761	Repair cleft lip/nasal	3
		40801	Drainage of mouth lesion	2
		40814	Excise/repair mouth lesion	2
		40816	Excision of mouth lesion	2
		40818	Excise oral mucosa for graft	1
		40819	Excise lip or cheek fold	1
		40831	Repair mouth laceration	1
		40840	Reconstruction of mouth	2
		40842	Reconstruction of mouth	3
		40843	Reconstruction of mouth	3
		40844	Reconstruction of mouth	5
		40845	Reconstruction of mouth	5
		41005	Drainage of mouth lesion	1
		41006	Drainage of mouth lesion	1
		41007	Drainage of mouth lesion	1
		41008	Drainage of mouth lesion	1
		41009	Drainage of mouth lesion	1
		41010	Incision of tongue fold	1
		41015	Drainage of mouth lesion	1
		41016	Drainage of mouth lesion	1
		41017	Drainage of mouth lesion	1
		41018	Drainage of mouth lesion	1
		41100	Biopsy of tongue	1
		41112	Excision of tongue lesion	2
		41113	Excision of tongue lesion	2
		41114	Excision of tongue lesion	2
		41116	Excision of mouth lesion	1
		41120	Partial removal of tongue	5
		41250	Repair tongue laceration	2
		41251	Repair tongue laceration	2
		41252	Repair tongue laceration	2
		41500	Fixation of tongue	1
		41510	Tongue to lip surgery	1
		41520	Reconstruction, tongue fold	2
		41800	Drainage of gum lesion	1
		41825	Excision of gum lesion	2
		41826	Excision of gum lesion	2
		41827	Excision of gum lesion	2
		42000	Drainage mouth roof lesion	2
		42107	Excision lesion, mouth roof	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		42120	Remove palate/lesion	4
		42140	Excision of uvula	2
		42145	Repair palate, pharynx/uvula	5
		42180	Repair palate	1
		42182	Repair palate	2
		42200	Reconstruct cleft palate	5
		42205	Reconstruct cleft palate	5
		42210	Reconstruct cleft palate	5
		42215	Reconstruct cleft palate	7
		42220	Reconstruct cleft palate	5
		42226	Lengthening of palate	5
		42235	Repair palate	5
		42260	Repair nose to lip fistula	4
		42300	Drainage of salivary gland	1
		42305	Drainage of salivary gland	2
		42310	Drainage of salivary gland	1
		42320	Drainage of salivary gland	1
		42340	Removal of salivary stone	2
		42405	Biopsy of salivary gland	2
		42408	Excision of salivary cyst	3
		42409	Drainage of salivary cyst	3
		42410	Excise parotid gland/lesion	3
		42415	Excise parotid gland/lesion	7
		42420	Excise parotid gland/lesion	7
		42425	Excise parotid gland/lesion	7
		42440	Excise submaxillary gland	3
		42450	Excise sublingual gland	2
		42500	Repair salivary duct	3
		42505	Repair salivary duct	4
		42507	Parotid duct diversion	3
		42508	Parotid duct diversion	4
		42509	Parotid duct diversion	4
		42510	Parotid duct diversion	4
		42600	Closure of salivary fistula	1
		42665	Ligation of salivary duct	7
		42700	Drainage of tonsil abscess	1
		42720	Drainage of throat abscess	1
		42725	Drainage of throat abscess	2
		42802	Biopsy of throat	1
		42804	Biopsy of upper nose/throat	1
		42806	Biopsy of upper nose/throat	2
		42808	Excise pharynx lesion	2
		42810	Excision of neck cyst	3
		42815	Excision of neck cyst	5
		42820	Remove tonsils and adenoids	3
		42821	Remove tonsils and adenoids	5
		42825	Removal of tonsils	4
		42826	Removal of tonsils	5
		42830	Removal of adenoids	4
		42831	Removal of adenoids	4
		42835	Removal of adenoids	4

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		42836	Removal of adenoids	4
		42860	Excision of tonsil tags	3
		42870	Excision of lingual tonsil	3
		42890	Partial removal of pharynx	7
		42892	Revision of pharyngeal walls	7
		42900	Repair throat wound	1
		42950	Reconstruction of throat	2
		42955	Surgical opening of throat	2
		42960	Control throat bleeding	1
		42962	Control throat bleeding	2
		42972	Control nose/throat bleeding	3
		43200	Esophagus endoscopy	1
		43201	Esoph scope w/submucous inj	1
		43202	Esophagus endoscopy, biopsy	1
		43204	Esophagus endoscopy & inject	1
		43205	Esophagus endoscopy/ligation	1
		43215	Esophagus endoscopy	1
		43216	Esophagus endoscopy/lesion	1
		43217	Esophagus endoscopy	1
		43219	Esophagus endoscopy	1
		43220	Esoph endoscopy, dilation	1
		43226	Esoph endoscopy, dilation	1
		43227	Esoph endoscopy, repair	#
		43228	Esoph endoscopy, ablation	2
		43231	Esoph endoscopy w/us exam	2
		43232	Esoph endoscopy w/us fn bx	2
		43234	Upper GI endoscopy, exam	1
		43235	Uppr gi endoscopy, diagnosis	1
		43236	Uppr gi scope w/submuc inj	2
		43237	Endoscopic US exam esoph	2
		43238	upper GI endoscopy w/us fm bx	2
		43239	Upper GI endoscopy, biopsy	2
		43240	Esoph endoscope w/drain cyst	2
		43241	Upper GI endoscopy with tube	2
		43242	Uppr gi endoscopy w/us fn bx	2
		43243	Upper gi endoscopy & inject	2
		43244	Upper GI endoscopy/ligation	2
		43245	Operative upper GI endoscopy	2
		43246	Place gastrostomy tube	2
		43247	Operative upper GI endoscopy	2
		43248	Uppr gi endoscopy/guide wire	2
		43249	Esoph endoscopy, dilation	2
		43250	Upper GI endoscopy/tumor	2
		43251	Operative upper GI endoscopy	2
		43255	Operative upper GI endoscopy	2
		43256	Uppr gi endoscopy w stent	3
		43258	Operative upper GI endoscopy	3
		43259	Endoscopic ultrasound exam	3
		43260	Endo cholangiopancreatograph	2
		43261	Endo cholangiopancreatograph	2
		43262	Endo cholangiopancreatograph	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		43263	Endo cholangiopancreatograph	2
		43264	Endo cholangiopancreatograph	2
		43265	Endo cholangiopancreatograph	2
		43267	Endo cholangiopancreatograph	2
		43268	Endo cholangiopancreatograph	2
		43269	Endo cholangiopancreatograph	2
		43271	Endo cholangiopancreatograph	2
		43272	Endo cholangiopancreatograph	2
		43450	Dilate esophagus	1
		43453	Dilate esophagus	1
		43456	Dilate esophagus	2
		43458	Dilate esophagus	2
		43600	Biopsy of stomach	1
		43653	Laparoscopy, gastrostomy	9
		43750	Place gastrostomy tube	2
		43760	Change gastrostomy tube	1
		43870	Repair stomach opening	1
		44100	Biopsy of bowel	1
		44312	Revision of ileostomy	1
		44340	Revision of colostomy	3
		44360	Small bowel endoscopy	2
		44361	Small bowel endoscopy/biopsy	2
		44363	Small bowel endoscopy	2
		44364	Small bowel endoscopy	2
		44365	Small bowel endoscopy	2
		44366	Small bowel endoscopy	2
		44369	Small bowel endoscopy	2
		44370	Small bowel endoscopy/stent	9
		44372	Small bowel endoscopy	2
		44373	Small bowel endoscopy	2
		44376	Small bowel endoscopy	2
		44377	Small bowel endoscopy/biopsy	2
		44378	Small bowel endoscopy	2
		44379	S bowel endoscope w/stent	9
		44380	Small bowel endoscopy	1
		44382	Small bowel endoscopy	1
		44383	Ileoscopy w/stent	9
		44385	Endoscopy of bowel pouch	1
		44386	Endoscopy, bowel pouch/biop	1
		44388	Colon endoscopy	1
		44389	Colonoscopy with biopsy	1
		44390	Colonoscopy for foreign body	1
		44391	Colonoscopy for bleeding	1
		44392	Colonoscopy & polypectomy	1
		44393	Colonoscopy, lesion removal	1
		44394	Colonoscopy w/snare	1
		44397	colonscopy w/stent	1
		45000	Drainage of pelvic abscess	1
		45005	Drainage of rectal abscess	2
		45020	Drainage of rectal abscess	2
		45100	Biopsy of rectum	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		45108	Removal of anorectal lesion	2
		45150	Excision of rectal stricture	2
		45160	Excision of rectal lesion	2
		45170	Excision of rectal lesion	2
		45190	Destruction, rectal tumor	9
		45305	Protosigmoidoscopy w/bx	1
		45307	Protosigmoidoscopy fb	1
		45308	Protosigmoidoscopy removal	1
		45309	Protosigmoidoscopy removal	1
		45315	Protosigmoidoscopy removal	1
		45317	Protosigmoidoscopy bleed	1
		45320	Protosigmoidoscopy ablate	1
		45321	Protosigmoidoscopy volvul	1
		45327	proctosigmoidoscopy w/stent	1
		45331	Sigmoidoscopy and biopsy	1
		45332	Sigmoidoscopy w/fb removal	1
		45333	Sigmoidoscopy & polypectomy	1
		45334	Sigmoidoscopy for bleeding	1
		45335	Sigmoidoscopy w/submuc inj	1
		45337	Sigmoidoscopy & decompress	1
		45338	Sigmoidoscopy w/tumr remove	1
		45339	Sigmoidoscopy w/ablate tumr	1
		45340	Sig w/balloon dilation	1
		45341	sigmoidoscopy w/ultrasound	1
		45342	sigmoidoscopy w/us guide bx	1
		45345	sigmoidoscopy w/stent	1
		45355	Surgical colonoscopy	1
		45378	Diagnostic colonoscopy	2
		45379	Colonoscopy w/fb removal	2
		45380	Colonoscopy and biopsy	2
		45381	Colonoscopy, submucous inj	2
		45382	Colonoscopy/control bleeding	2
		45383	Lesion removal colonoscopy	2
		45384	Lesion remove colonoscopy	2
		45385	Lesion removal colonoscopy	2
		45386	Colonoscopy dilate stricture	2
		45387	colonoscopy w/stent	1
		45391	colonoscopy w/endoscope	2
		45392	colonoscopy w/endoscopic frib	2
		45500	Repair of rectum	2
		45505	Repair of rectum	2
		45560	Repair of rectocele	2
		45900	Reduction of rectal prolapse	1
		45905	Dilation of anal sphincter	1
		45910	Dilation of rectal narrowing	1
		45915	Remove rectal obstruction	1
		45990	Surg dx exam, anorectal	2
		46020	Placement of seton	3
		46030	Removal of rectal marker	1
		46040	Incision of rectal abscess	3
		46045	Incision of rectal abscess	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		46050	Incision of anal abscess	1
		46060	Incision of rectal abscess	2
		46080	Incision of anal sphincter	3
		46200	Removal of anal fissure	2
		46210	Removal of anal crypt	2
		46211	Removal of anal crypts	2
		46220	Removal of anal tab	1
		46230	Removal of anal tags	1
		46250	Hemorrhoidectomy	3
		46255	Hemorrhoidectomy	3
		46257	Remove hemorrhoids & fissure	3
		46258	Remove hemorrhoids & fistula	3
		46260	Hemorrhoidectomy	3
		46261	Remove hemorrhoids & fissure	4
		46262	Remove hemorrhoids & fistula	4
		46270	Removal of anal fistula	3
		46275	Removal of anal fistula	3
		46280	Removal of anal fistula	4
		46285	Removal of anal fistula	1
		46288	Repair anal fistula	4
		46608	Anoscopy/remove for body	1
		46610	Anoscopy/remove lesion	1
		46611	Anoscopy	1
		46612	Anoscopy/remove lesions	1
		46615	Anoscopy	2
		46700	Repair of anal stricture	3
		46706	Repr of anal fistula w/glue	1
		46750	Repair of anal sphincter	3
		46753	Reconstruction of anus	3
		46754	Removal of suture from anus	2
		46760	Repair of anal sphincter	2
		46761	Repair of anal sphincter	3
		46762	Implant artificial sphincter	7
		46917	Laser surgery, anal lesions	1
		46922	Excision of anal lesion(s)	1
		46924	Destruction, anal lesion(s)	1
		46937	Cryotherapy of rectal lesion	2
		46938	Cryotherapy of rectal lesion	2
		46947	Hemorrhoidopexy by stapling	3
		47000	Needle biopsy of liver	1
		47510	Insert catheter, bile duct	2
		47511	Insert bile duct drain	9
		47525	Change bile duct catheter	1
		47530	Revise/reinsert bile tube	1
		47552	Biliary endoscopy thru skin	2
		47553	Biliary endoscopy thru skin	3
		47554	Biliary endoscopy thru skin	3
		47555	Biliary endoscopy thru skin	3
		47556	Biliary endoscopy thru skin	9
		47560	Laparoscopy w/cholangio	3
		47561	Laparo w/cholangio/biopsy	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		47562	Laparoscopic cholecystectomy	5
		47563	Laparo cholecystectomy/graph	5
		47564	Laparo cholecystectomy/explr	5
		47630	Remove bile duct stone	3
		48102	Needle biopsy, pancreas	1
		49080	Puncture, peritoneal cavity	2
		49081	Removal of abdominal fluid	2
		49085	Remove abdomen foreign body	2
		49180	Biopsy, abdominal mass	1
		49250	Excision of umbilicus	4
		49320	Diag laparo separate proc	3
		49321	Laparoscopy, biopsy	4
		49322	Laparoscopy, aspiration	4
		49419	Insrt abdom cath for chemotox	1
		49420	Insert abdominal drain	1
		49421	Insert abdominal drain	1
		49422	Remove perm cannula/catheter	1
		49426	Revise abdomen-venous shunt	2
		49495	Rpr ing hernia baby, reduc	4
		49496	Rpr ing hernia baby, blocked	4
		49500	Rpr ing hernia, init, reduce	4
		49501	Rpr ing hernia, init blocked	9
		49505	Rpr i/hern init reduc>5 yr	4
		49507	Rpr i/hern init block>5 yr	9
		49520	Rerepair ing hernia, reduce	7
		49521	Rerepair ing hernia, blocked	9
		49525	Repair ing hernia, sliding	4
		49540	Repair lumbar hernia	2
		49550	Rpr fem hernia, init, reduce	5
		49553	Rpr fem hernia, init blocked	9
		49555	Rerepair fem hernia, reduce	5
		49557	Rerepair fem hernia, blocked	9
		49560	Rpr ventral hern init, reduc	4
		49561	Rpr ventral hern init, block	9
		49565	Rerepair ventrl hern, reduce	4
		49566	Rerepair ventrl hern, block	9
		49568	Hernia repair w/mesh	7
		49570	Rpr epigastric hern, reduce	4
		49572	Rpr epigastric hern, blocked	9
		49580	Rpr umbil hern, reduc <5 yr	4
		49582	Rpr umbil hern, block < 5 yr	9
		49585	Rpr umbil hern, reduc > 5 yr	4
		49587	Rpr umbil hern, block > 5 yr	9
		49590	Repair spigelian hernia	3
		49600	Repair umbilical lesion	4
		49650	Laparo hernia repair initial	4
		49651	Laparo hernia repair recur	7
		50200	Biopsy of kidney	1
		50390	Drainage of kidney lesion	1
		50392	Insert kidney drain	1
		50393	Insert ureteral tube	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		50395	Create passage to kidney	1
		50396	Measure kidney pressure	1
		50398	Change kidney tube	1
		50551	Kidney endoscopy	1
		50553	Kidney endoscopy	1
		50555	Kidney endoscopy & biopsy	1
		50557	Kidney endoscopy & treatment	1
		50561	Kidney endoscopy & treatment	1
		50590	Fragmenting of kidney stone	8
		50688	Change of ureter tube	1
		50947	Laparo new ureter/bladder	9
		50948	Laparo new ureter/bladder	9
		50951	Endoscopy of ureter	1
		50953	Endoscopy of ureter	1
		50955	Ureter endoscopy & biopsy	1
		50957	Ureter endoscopy & treatment	1
		50961	Ureter endoscopy & treatment	1
		50970	Ureter endoscopy	1
		50972	Ureter endoscopy & catheter	1
		50974	Ureter endoscopy & biopsy	1
		50976	Ureter endoscopy & treatment	1
		50980	Ureter endoscopy & treatment	1
		51010	Drainage of bladder	1
		51020	Incise & treat bladder	4
		51030	Incise & treat bladder	4
		51040	Incise & drain bladder	4
		51045	Incise bladder/drain ureter	4
		51050	Removal of bladder stone	4
		51065	Remove ureter calculus	4
		51080	Drainage of bladder abscess	1
		51500	Removal of bladder cyst	4
		51520	Removal of bladder lesion	4
		51710	Change of bladder tube	1
		51715	Endoscopic injection/implant	3
		51725	Simple cystometrogram	1
		51726	Complex cystometrogram	1
		51772	Urethra pressure profile	1
		51785	Anal/urinary muscle study	1
		51880	Repair of bladder opening	1
		51992	Laparo sling operation	5
		52000	Cystoscopy	1
		52001	Cystoscopy, removal of clots	2
		52005	Cystoscopy & ureter catheter	2
		52007	Cystoscopy and biopsy	2
		52010	Cystoscopy & duct catheter	2
		52204	Cystoscopy	2
		52214	Cystoscopy and treatment	2
		52224	Cystoscopy and treatment	2
		52234	Cystoscopy and treatment	2
		52235	Cystoscopy and treatment	3
		52240	Cystoscopy and treatment	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		52250	Cystoscopy and radiotracer	4
		52260	Cystoscopy and treatment	2
		52270	Cystoscopy & revise urethra	2
		52275	Cystoscopy & revise urethra	2
		52276	Cystoscopy and treatment	3
		52277	Cystoscopy and treatment	2
		52281	Cystoscopy and treatment	2
		52282	Cystoscopy, implant stent	9
		52283	Cystoscopy and treatment	2
		52285	Cystoscopy and treatment	2
		52290	Cystoscopy and treatment	2
		52300	Cystoscopy and treatment	2
		52301	Cystoscopy and treatment	3
		52305	Cystoscopy and treatment	2
		52310	Cystoscopy and treatment	2
		52315	Cystoscopy and treatment	2
		52317	Remove bladder stone	1
		52318	Remove bladder stone	2
		52320	Cystoscopy and treatment	5
		52325	Cystoscopy, stone removal	4
		52327	Cystoscopy, inject material	2
		52330	Cystoscopy and treatment	2
		52332	Cystoscopy and treatment	2
		52334	Create passage to kidney	3
		52341	Cysto w/ureter stricture tx	3
		52342	Cysto w/up stricture tx	3
		52343	Cysto w/renal stricture tx	3
		52344	Cysto/uretero, stone remove	3
		52345	Cysto/uretero w/up stricture	3
		52346	Cystouretero w/renal strict	3
		52351	Cystouretro & or pyeloscope	3
		52352	Cystouretro w/stone remove	4
		52353	Cystouretero w/lithotripsy	4
		52354	Cystouretero w/biopsy	4
		52355	Cystouretero w/excise tumor	4
		52400	Cystouretero w/congen repr	3
		52402	Cystourethro cut ejacul duct	3
		52450	Incision of prostate	3
		52500	Revision of bladder neck	3
		52510	Dilation prostatic urethra	3
		52601	Prostatectomy (TURP)	4
		52606	Control postop bleeding	1
		52612	Prostatectomy, first stage	2
		52614	Prostatectomy, second stage	1
		52620	Remove residual prostate	1
		52630	Remove prostate regrowth	2
		52640	Relieve bladder contracture	2
		52647	Laser surgery of prostate	9
		52648	Laser surgery of prostate	9
		52700	Drainage of prostate abscess	2
		53000	Incision of urethra	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		53010	Incision of urethra	1
		53020	Incision of urethra	1
		53040	Drainage of urethra abscess	2
		53080	Drainage of urinary leakage	3
		53200	Biopsy of urethra	1
		53210	Removal of urethra	5
		53215	Removal of urethra	5
		53220	Treatment of urethra lesion	2
		53230	Removal of urethra lesion	2
		53235	Removal of urethra lesion	3
		53240	Surgery for urethra pouch	2
		53250	Removal of urethra gland	2
		53260	Treatment of urethra lesion	2
		53265	Treatment of urethra lesion	2
		53270	Removal of urethra gland	2
		53275	Repair of urethra defect	2
		53400	Revise urethra, stage 1	3
		53405	Revise urethra, stage 2	2
		53410	Reconstruction of urethra	2
		53420	Reconstruct urethra, stage 1	3
		53425	Reconstruct urethra, stage 2	2
		53430	Reconstruction of urethra	2
		53431	Reconstruct urethra/bladder	2
		53440	Correct bladder function	2
		53442	Remove perineal prosthesis	1
		53444	Insert tandem cuff	2
		53445	Insert uro/ves nck sphincter	1
		53446	Remove uro sphincter	1
		53447	Remove/replace ur sphincter	1
		53449	Repair uro sphincter	1
		53450	Revision of urethra	1
		53460	Revision of urethra	1
		53502	Repair of urethra injury	2
		53505	Repair of urethra injury	2
		53510	Repair of urethra injury	2
		53515	Repair of urethra injury	2
		53520	Repair of urethra defect	2
		53605	Dilate urethra stricture	2
		53665	Dilation of urethra	1
		54000	Slitting of prepuce	2
		54001	Slitting of prepuce	2
		54015	Drain penis lesion	4
		54057	Laser surg, penis lesion(s)	1
		54060	Excision of penis lesion(s)	1
		54065	Destruction, penis lesion(s)	1
		54100	Biopsy of penis	1
		54105	Biopsy of penis	1
		54110	Treatment of penis lesion	2
		54111	Treat penis lesion, graft	2
		54112	Treat penis lesion, graft	2
		54115	Treatment of penis lesion	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		54120	Partial removal of penis	2
		54150	Circumcision	1
		54152	Circumcision	1
		54160	Circumcision	2
		54161	Circumcision	2
		54162	Lysis penil circumcis lesion	2
		54163	Repair of circumcision	2
		54164	Frenulotomy of penis	2
		54205	Treatment of penis lesion	4
		54220	Treatment of penis lesion	1
	PA	54300	Revision of penis	3
		54304	Revision of penis	3
		54308	Reconstruction of urethra	3
		54312	Reconstruction of urethra	3
		54316	Reconstruction of urethra	3
		54318	Reconstruction of urethra	3
		54322	Reconstruction of urethra	3
		54324	Reconstruction of urethra	3
		54326	Reconstruction of urethra	3
		54328	Revise penis/urethra	3
		54340	Secondary urethral surgery	3
		54344	Secondary urethral surgery	3
		54348	Secondary urethral surgery	3
		54352	Reconstruct urethra/penis	3
		54360	Penis plastic surgery	3
		54380	Repair penis	3
		54385	Repair penis	3
		54400	Insert semi-rigid prosthesis	3
		54401	Insert self-contd prosthesis	#
		54405	Insert multi-comp penis pros	#
		54406	Remove multi-comp penis pros	3
		54408	Repair multi-comp penis pros	#
		54410	Remove/replace penis prosth	#
		54415	Remove self-contd penis pros	3
		54416	Remv/repl penis contain pros	3
		54420	Revision of penis	4
		54435	Revision of penis	4
		54440	Repair of penis	4
		54450	Preputial stretching	1
		54500	Biopsy of testis	1
		54505	Biopsy of testis	1
		54512	Excise lesion testis	2
		54520	Removal of testis	3
		54522	Orchiectomy, partial	3
		54530	Removal of testis	4
		54550	Exploration for testis	4
		54600	Reduce testis torsion	4
		54620	Suspension of testis	3
		54640	Suspension of testis	4
		54660	Revision of testis	2
		54670	Repair testis injury	3

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		54680	Relocation of testis(es)	3
		54690	Laparoscopy, orchiectomy	9
		54700	Drainage of scrotum	2
		54800	Biopsy of epididymis	1
		54820	Exploration of epididymis	1
		54830	Remove epididymis lesion	3
		54840	Remove epididymis lesion	4
		54860	Removal of epididymis	3
		54861	Removal of epididymis	4
		54900	Fusion of spermatic ducts	4
		54901	Fusion of spermatic ducts	4
		55040	Removal of hydrocele	3
		55041	Removal of hydroceles	5
		55060	Repair of hydrocele	4
		55100	Drainage of scrotum abscess	1
		55110	Explore scrotum	2
		55120	Removal of scrotum lesion	2
		55150	Removal of scrotum	1
		55175	Revision of scrotum	1
		55180	Revision of scrotum	2
		55200	Incision of sperm duct	2
		55250	Removal of sperm duct(s)	2
		55400	Repair of sperm duct	1
		55500	Removal of hydrocele	3
		55520	Removal of sperm cord lesion	4
		55530	Revise spermatic cord veins	4
		55535	Revise spermatic cord veins	4
		55540	Revise hernia & sperm veins	5
		55550	Laparo ligate spermatic vein	9
		55680	Remove sperm pouch lesion	1
		55700	Biopsy of prostate	2
		55705	Biopsy of prostate	2
		55720	Drainage of prostate abscess	1
		55725	Drainage of prostate abscess	2
		55859	Percut/needle insert, pros	9
	PA	55873	Cryoablate prostate	9
		56440	Surgery for vulva lesion	2
		56441	Lysis of labial lesion(s)	1
		56515	Destroy vulva lesion/s compl	3
		56620	Partial removal of vulva	5
		56625	Complete removal of vulva	7
		56700	Partial removal of hymen	1
		56720	Incision of hymen	1
		56740	Remove vagina gland lesion	3
		56800	Repair of vagina	3
		56810	Repair of perineum	5
		57000	Exploration of vagina	1
		57010	Drainage of pelvic abscess	2
		57020	Drainage of pelvic fluid	2
		57023	I & d vag hematoma, non-ob	1
		57061	Destroy vag lesions, simple	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		57065	Destroy vag lesions, complex	1
		57105	Biopsy of vagina	2
		57130	Remove vagina lesion	2
		57135	Remove vagina lesion	2
		57155	Insert uteri tandems/ovoids	2
		57180	Treat vaginal bleeding	1
		57200	Repair of vagina	1
		57210	Repair vagina/perineum	2
		57220	Revision of urethra	3
		57230	Repair of urethral lesion	3
		57240	Repair bladder & vagina	5
		57250	Repair rectum & vagina	5
		57260	Repair of vagina	5
		57265	Extensive repair of vagina	7
		57268	Repair of bowel bulge	3
	EPA	57288	Repair bladder defect	5
	EPA	57289	Repair bladder & vagina	5
		57291	Construction of vagina	#
		57300	Repair rectum-vagina fistula	3
		57400	Dilation of vagina	2
		57410	Pelvic examination	2
		57415	Remove vaginal foreign body	2
		57513	Laser surgery of cervix	2
		57520	Conization of cervix	2
		57522	Conization of cervix	2
		57530	Removal of cervix	3
		57550	Removal of residual cervix	3
		57556	Remove cervix, repair bowel	5
		57700	Revision of cervix	1
		57720	Revision of cervix	3
		57820	D & c of residual cervix	3
		58120	Dilation and curettage	2
		58145	Removal of uterus lesion	5
		58346	Insert heyman uteri capsule	2
		58350	Reopen fallopian tube	3
		58353	Endometr ablate, thermal	4
		58545	Laparoscopic myomectomy	9
		58546	Laparo-myomectomy, complex	9
	EPA	58550	Laparo-asst vag hysterectomy	9
		58555	Hysteroscopy, dx, sep proc	1
		58558	Hysteroscopy, biopsy	3
		58559	Hysteroscopy, lysis	2
		58560	Hysteroscopy, resect septum	3
		58561	Hysteroscopy, remove myoma	3
		58562	Hysteroscopy, remove fb	3
		58563	Hysteroscopy, ablation	4
		58565	Hysteroscopy sterilization	4
		58600	Division of fallopian tube	5
		58615	Occlude fallopian tube(s)	5
		58660	Laparoscopy, lysis	5
		58661	Laparoscopy, remove adnexa	5

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		58662	Laparoscopy, excise lesions	5
		58670	Laparoscopy, tubal cauterly	5
		58671	Laparoscopy, tubal block	5
		58672	Laparoscopy, fimbrioplasty	#
		58673	Laparoscopy, salpingostomy	#
		58800	Drainage of ovarian cyst(s)	3
		58820	Drain ovary abscess, open	3
		58900	Biopsy of ovary(s)	3
		58970	Retrieval of oocyte	#
		58974	Transfer of embryo	#
		58976	Transfer of embryo	#
	PA	59160	D & c after delivery	3
		59320	Revision of cervix	1
		59812	Treatment of miscarriage	5
		59820	Care of miscarriage	5
		59821	Treatment of miscarriage	5
		59840	Abortion	5
		59841	Abortion	5
		59870	Evacuate mole of uterus	5
		59871	Remove cerclage suture	5
		60000	Drain thyroid/tongue cyst	1
		60200	Remove thyroid lesion	2
		60280	Remove thyroid duct lesion	4
		60281	Remove thyroid duct lesion	4
		61020	Remove brain cavity fluid	1
		61026	Injection into brain canal	1
		61050	Remove brain canal fluid	1
		61055	Injection into brain canal	1
		61070	Brain canal shunt procedure	1
		61215	Insert brain-fluid device	3
		61790	Treat trigeminal nerve	3
		61791	Treat trigeminal tract	3
		61885	Implant neurostim one array	#
		61886	Implant neurostim arrays	3
		61888	Revise/remove neuroreceiver	#
		62194	Replace/irrigate catheter	1
		62225	Replace/irrigate catheter	1
		62230	Replace/revise brain shunt	2
		62263	Lysis epidural adhesions	1
		62264	Epidural lysis on single day	1
		62268	Drain spinal cord cyst	1
		62269	Needle biopsy, spinal cord	1
		62270	Spinal fluid tap, diagnostic	1
		62272	Drain cerebro spinal fluid	1
		62273	Treat epidural spine lesion	1
		62280	Treat spinal cord lesion	1
		62281	Treat spinal cord lesion	1
		62282	Treat spinal canal lesion	1
		62287	Percutaneous disectomy	9
		62294	Injection into spinal artery	3
		62310	Inject spine c/t	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		62311	Inject spine l/s (cd)	1
		62318	Inject spine w/cath, c/t	1
		62319	Inject spine w/cath l/s (cd)	1
		62350	Implant spinal canal cath	2
		62355	Remove spinal canal catheter	2
		62360	Insert spine infusion device	2
		62361	Implant spine infusion pump	2
		62362	Implant spine infusion pump	2
		62365	Remove spine infusion device	2
		63600	Remove spinal cord lesion	2
		63610	Stimulation of spinal cord	1
	PA	63650	Implant neuroelectrodes	2
		63660	Revise/remove neuroelectrode	1
		63685	Implant neuroreceiver	2
		63688	Revise/remove neuroreceiver	1
		63744	Revision of spinal shunt	3
	PA	63746	Removal of spinal shunt	2
		64410	Injection for nerve block	1
		64415	Injection for nerve block	1
		64417	Injection for nerve block	1
		64420	Injection for nerve block	1
		64421	Injection for nerve block	1
		64430	Injection for nerve block	1
		64470	Inj paravertebral c/t	1
		64472	Inj paravertebral c/t add-on	1
		64475	Inj paravertebral l/s	1
		64476	Inj paravertebral l/s add-on	1
		64479	Inj foramen epidural c/t	1
		64480	Inj foramen epidural add-on	1
		64483	Inj foramen epidural l/s	1
		64484	Inj foramen epidural add-on	1
		64510	Injection for nerve block	1
		64517	N block inj hypogastric plexus	2
		64520	Injection for nerve block	1
		64530	Injection for nerve block	1
		64553	Implant neuroelectrodes	1
		64561	Implant neuroelctrodes	3
		64573	Implant neuroelectrodes	1
		64575	Implant neuroelectrodes	1
		64577	Implant neuroelectrodes	1
		64580	Implant neuroelectrodes	1
		64581	Implant neuroelectrodes	1
		64585	Revise/remove neuroelectrode	1
		64590	Implant neuroreceiver	2
		64595	Revise/remove neuroreceiver	1
		64600	Injection treatment of nerve	1
		64605	Injection treatment of nerve	1
		64610	Injection treatment of nerve	1
		64620	Injection treatment of nerve	1
		64622	Destr paravertebrl nerve l/s	1
		64623	Destr paravertebral n add-on	1

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		64626	Destr paravertebrl nerve c/t	1
		64627	Destr paravertebral n add-on	1
		64630	Injection treatment of nerve	2
		64680	Injection treatment of nerve	2
		64681	Injection treatment of nerve	2
		64702	Revise finger/toe nerve	1
		64704	Revise hand/foot nerve	1
		64708	Revise arm/leg nerve	2
		64712	Revision of sciatic nerve	2
		64713	Revision of arm nerve(s)	2
		64714	Revise low back nerve(s)	2
		64716	Revision of cranial nerve	3
		64718	Revise ulnar nerve at elbow	2
		64719	Revise ulnar nerve at wrist	2
		64721	Carpal tunnel surgery	2
		64722	Relieve pressure on nerve(s)	1
		64726	Release foot/toe nerve	1
		64727	Internal nerve revision	1
		64732	Incision of brow nerve	2
		64734	Incision of cheek nerve	2
		64736	Incision of chin nerve	2
		64738	Incision of jaw nerve	2
		64740	Incision of tongue nerve	2
		64742	Incision of facial nerve	2
		64744	Incise nerve, back of head	2
		64746	Incise diaphragm nerve	2
		64771	Sever cranial nerve	2
		64772	Incision of spinal nerve	2
		64774	Remove skin nerve lesion	2
		64776	Remove digit nerve lesion	3
		64778	Digit nerve surgery add-on	2
		64782	Remove limb nerve lesion	3
		64783	Limb nerve surgery add-on	2
		64784	Remove nerve lesion	3
		64786	Remove sciatic nerve lesion	3
		64787	Implant nerve end	2
		64788	Remove skin nerve lesion	3
		64790	Removal of nerve lesion	3
		64792	Removal of nerve lesion	3
		64795	Biopsy of nerve	2
		64802	Remove sympathetic nerves	2
		64821	Remove sympathetic nerves	4
		64831	Repair of digit nerve	4
		64832	Repair nerve add-on	1
		64834	Repair of hand or foot nerve	2
		64835	Repair of hand or foot nerve	3
		64836	Repair of hand or foot nerve	3
		64837	Repair nerve add-on	1
		64840	Repair of leg nerve	2
		64856	Repair/transpose nerve	2
		64857	Repair arm/leg nerve	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		64858	Repair sciatic nerve	2
		64859	Nerve surgery	1
		64861	Repair of arm nerves	3
		64862	Repair of low back nerves	3
		64864	Repair of facial nerve	3
		64865	Repair of facial nerve	4
		64870	Fusion of facial/other nerve	4
		64872	Subsequent repair of nerve	2
		64874	Repair & revise nerve add-on	3
		64876	Repair nerve/shorten bone	3
		64885	Nerve graft, head or neck	2
		64886	Nerve graft, head or neck	2
		64890	Nerve graft, hand or foot	2
		64891	Nerve graft, hand or foot	2
		64892	Nerve graft, arm or leg	2
		64893	Nerve graft, arm or leg	2
		64895	Nerve graft, hand or foot	3
		64896	Nerve graft, hand or foot	3
		64897	Nerve graft, arm or leg	3
		64898	Nerve graft, arm or leg	3
		64901	Nerve graft add-on	2
		64902	Nerve graft add-on	2
		64905	Nerve pedicle transfer	2
		64907	Nerve pedicle transfer	1
		65091	Revise eye	3
		65093	Revise eye with implant	3
		65101	Removal of eye	3
		65103	Remove eye/insert implant	3
		65105	Remove eye/attach implant	4
		65110	Removal of eye	5
		65112	Remove eye/revise socket	7
		65114	Remove eye/revise socket	7
		65130	Insert ocular implant	3
		65135	Insert ocular implant	2
		65140	Attach ocular implant	3
		65150	Revise ocular implant	2
		65155	Reinsert ocular implant	3
		65175	Removal of ocular implant	1
		65235	Remove foreign body from eye	2
		65260	Remove foreign body from eye	3
		65265	Remove foreign body from eye	4
		65270	Repair of eye wound	2
		65272	Repair of eye wound	2
		65275	Repair of eye wound	4
		65280	Repair of eye wound	4
		65285	Repair of eye wound	4
		65290	Repair of eye socket wound	3
		65400	Removal of eye lesion	1
		65410	Biopsy of cornea	2
		65420	Removal of eye lesion	2
		65426	Removal of eye lesion	5

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		65710	Corneal transplant	7
		65730	Corneal transplant	7
		65750	Corneal transplant	7
		65755	Corneal transplant	7
		65770	Revise cornea with implant	7
		65772	Correction of astigmatism	4
		65775	Correction of astigmatism	4
	PA	65780	Ocular reconst transplant	5
	PA	65781	Ocular reconst transplant	5
	PA	65782	Ocular reconst transplant	5
		65800	Drainage of eye	1
		65805	Drainage of eye	1
		65810	Drainage of eye	3
		65815	Drainage of eye	2
		65820	Relieve inner eye pressure	1
		65850	Incision of eye	4
		65855	Laser surgery of eye	4
		65865	Incise inner eye adhesions	1
		65870	Incise inner eye adhesions	4
		65875	Incise inner eye adhesions	4
		65880	Incise inner eye adhesions	4
		65900	Remove eye lesion	5
		65920	Remove implant of eye	7
		65930	Remove blood clot from eye	5
		66020	Injection treatment of eye	1
		66030	Injection treatment of eye	1
		66130	Remove eye lesion	7
		66150	Glaucoma surgery	4
		66155	Glaucoma surgery	4
		66160	Glaucoma surgery	2
		66165	Glaucoma surgery	4
		66170	Glaucoma surgery	4
		66172	Incision of eye	4
		66180	Implant eye shunt	5
		66185	Revise eye shunt	2
		66220	Repair eye lesion	3
		66225	Repair/graft eye lesion	4
		66250	Follow-up surgery of eye	2
		66500	Incision of iris	1
		66505	Incision of iris	1
		66600	Remove iris and lesion	3
		66605	Removal of iris	3
		66625	Removal of iris	3
		66630	Removal of iris	3
		66635	Removal of iris	3
		66680	Repair iris & ciliary body	3
		66682	Repair iris & ciliary body	2
		66700	Destruction, ciliary body	2
		66710	Destruction, ciliary body	2
		66711	Ciliary endoscopic ablation	2
		66720	Destruction, ciliary body	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		66740	Destruction, ciliary body	2
		66761	Revision of iris	2
		66821	After cataract laser surgery	2
		66825	Reposition intraocular lens	4
		66830	Removal of lens lesion	4
		66840	Removal of lens material	4
		66850	Removal of lens material	7
		66852	Removal of lens material	4
		66920	Extraction of lens	4
		66930	Extraction of lens	5
		66940	Extraction of lens	5
		66982	Cataract surgery, complex	8
		66983	Cataract surg w/iol, 1 stage	8
		66984	Cataract surg w/iol, i stage	8
		66985	Insert lens prosthesis	6
		66986	Exchange lens prosthesis	6
	EPA	67005	Partial removal of eye fluid	4
	EPA	67010	Partial removal of eye fluid	4
	EPA	67015	Release of eye fluid	1
	EPA	67025	Replace eye fluid	1
	EPA	67027	Implant eye drug system	4
	EPA	67030	Incise inner eye strands	1
	EPA	67031	Laser surgery, eye strands	2
	EPA	67036	Removal of inner eye fluid	4
		67038	Strip retinal membrane	5
		67039	Laser treatment of retina	7
	EPA	67040	Laser treatment of retina	7
	EPA	67107	Repair detached retina	5
		67108	Repair detached retina	7
		67112	Rerepair detached retina	7
		67115	Release encircling material	2
		67120	Remove eye implant material	2
		67121	Remove eye implant material	2
		67141	Treatment of retina	2
		67210	Treatment of retinal lesion	1
		67218	Treatment of retinal lesion	5
		67227	Treatment of retinal lesion	1
		67228	Treatment of retinal lesion	2
		67250	Reinforce eye wall	3
		67255	Reinforce/graft eye wall	3
	EPA	67311	Revise eye muscle	3
	EPA	67312	Revise two eye muscles	4
	EPA	67314	Revise eye muscle	4
	EPA	67316	Revise two eye muscles	4
	EPA	67318	Revise eye muscle(s)	4
	EPA	67320	Revise eye muscle(s) add-on	4
	EPA	67331	Eye surgery follow-up add-on	4
	EPA	67332	Rerevise eye muscles add-on	4
	EPA	67334	Revise eye muscle w/suture	4
	EPA	67335	Eye suture during surgery	4
	EPA	67340	Revise eye muscle add-on	4

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		67343	Release eye tissue	7
	EPA	67350	Biopsy eye muscle	1
	EPA	67400	Explore/biopsy eye socket	3
	EPA	67405	Explore/drain eye socket	4
	EPA	67412	Explore/treat eye socket	5
	EPA	67413	Explore/treat eye socket	5
	EPA	67415	Aspiration, orbital contents	1
	EPA	67420	Explore/treat eye socket	5
	EPA	67430	Explore/treat eye socket	5
	EPA	67440	Explore/drain eye socket	5
		67445	Expir/decompress eye socket	5
	EPA	67450	Explore/biopsy eye socket	5
	EPA	67550	Insert eye socket implant	4
	EPA	67560	Revise eye socket implant	2
		67570	Decompress optic nerve	4
	EPA	67715	Incision of eyelid fold	1
		67801	Remove eyelid lesions	2
		67805	Remove eyelid lesions	2
		67808	Remove eyelid lesion(s)	2
		67830	Revise eyelashes	2
		67835	Revise eyelashes	2
		67840	Remove eyelid lesion	2
		67850	Treat eyelid lesion	2
		67880	Revision of eyelid	3
		67882	Revision of eyelid	3
		67900	Repair brow defect	4
	EPA	67901	Repair eyelid defect	5
	EPA	67902	Repair eyelid defect	5
	EPA	67903	Repair eyelid defect	4
	EPA	67904	Repair eyelid defect	4
	EPA	67906	Repair eyelid defect	5
	EPA	67908	Repair eyelid defect	4
	PA	67909	Revise eyelid defect	4
		67911	Revise eyelid defect	3
	PA	67912	Correction eyelid w/implant	3
		67914	Repair eyelid defect	3
		67916	Repair eyelid defect	4
		67917	Repair eyelid defect	4
		67921	Repair eyelid defect	3
		67923	Repair eyelid defect	4
		67924	Repair eyelid defect	4
		67935	Repair eyelid wound	2
		67950	Revision of eyelid	2
		67961	Revision of eyelid	3
		67966	Revision of eyelid	3
		67971	Reconstruction of eyelid	3
		67973	Reconstruction of eyelid	3
		67974	Reconstruction of eyelid	3
		67975	Reconstruction of eyelid	3
		68110	Remove eyelid lining lesion	2
		68115	Remove eyelid lining lesion	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		68130	Remove eyelid lining lesion	2
		68320	Revise/graft eyelid lining	4
		68325	Revise/graft eyelid lining	4
		68326	Revise/graft eyelid lining	4
		68328	Revise/graft eyelid lining	4
		68330	Revise eyelid lining	4
		68335	Revise/graft eyelid lining	4
		68340	Separate eyelid adhesions	4
		68360	Revise eyelid lining	2
		68362	Revise eyelid lining	2
	PA	68371	Harvest eye tissue, allograft	2
		68420	Incise/drain tear sac	3
		68500	Removal of tear gland	3
		68505	Partial removal, tear gland	3
		68510	Biopsy of tear gland	1
		68520	Removal of tear sac	3
		68525	Biopsy of tear sac	1
		68530	Clearance of tear duct	3
		68540	Remove tear gland lesion	3
		68550	Remove tear gland lesion	3
		68700	Repair tear ducts	2
		68720	Create tear sac drain	4
		68745	Create tear duct drain	4
		68750	Create tear duct drain	4
		68770	Close tear system fistula	4
		68810	Probe nasolacrimal duct	1
		68811	Probe nasolacrimal duct	2
		68815	Probe nasolacrimal duct	2
		69110	Remove external ear, partial	1
		69120	Removal of external ear	2
		69140	Remove ear canal lesion(s)	2
		69145	Remove ear canal lesion(s)	2
		69150	Extensive ear canal surgery	3
		69205	Clear outer ear canal	1
		69222	Clean out mastoid cavity	3
		69300	Revise external ear	#
		69310	Rebuild outer ear canal	3
		69320	Rebuild outer ear canal	7
		69420	Incision of eardrum	3
		69421	Incision of eardrum	3
		69436	Create eardrum opening	3
		69440	Exploration of middle ear	3
		69450	Eardrum revision	1
		69501	Mastoidectomy	7
		69502	Mastoidectomy	7
		69505	Remove mastoid structures	7
		69511	Extensive mastoid surgery	7
		69530	Extensive mastoid surgery	7
		69550	Remove ear lesion	5
		69552	Remove ear lesion	7
		69601	Mastoid surgery revision	7

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		69602	Mastoid surgery revision	7
		69603	Mastoid surgery revision	7
		69604	Mastoid surgery revision	7
		69605	Mastoid surgery revision	7
		69610	Repair of eardrum	5
	PA	69620	Repair of eardrum	2
	PA	69631	Repair eardrum structures	5
	PA	69632	Rebuild eardrum structures	5
	PA	69633	Rebuild eardrum structures	5
		69635	Repair eardrum structures	7
		69636	Rebuild eardrum structures	7
		69637	Rebuild eardrum structures	7
		69641	Revise middle ear & mastoid	7
		69642	Revise middle ear & mastoid	7
		69643	Revise middle ear & mastoid	7
		69644	Revise middle ear & mastoid	7
		69645	Revise middle ear & mastoid	7
		69646	Revise middle ear & mastoid	7
		69650	Release middle ear bone	7
		69660	Revise middle ear bone	5
		69661	Revise middle ear bone	5
		69662	Revise middle ear bone	5
	PA	69666	Repair middle ear structures	4
		69667	Repair middle ear structures	4
		69670	Remove mastoid air cells	3
		69676	Remove middle ear nerve	3
		69700	Close mastoid fistula	3
		69711	Remove/repair hearing aid	1
	PA	69714	Implant temple bone w/stimul	9
	PA	69715	Temple bone implnt w/stimulat	9
	PA	69717	Temple bone implant revision	9
	PA	69718	Revise temple bone implant	9
	PA	69720	Release facial nerve	5
		69740	Repair facial nerve	5
		69745	Repair facial nerve	5
		69801	Incise inner ear	5
		69802	Incise inner ear	7
		69805	Explore inner ear	7
		69806	Explore inner ear	7
		69820	Establish inner ear window	5
		69840	Revise inner ear window	5
		69905	Remove inner ear	7
		69910	Remove inner ear & mastoid	7
		69915	Incise inner ear nerve	7
	EPA	69930	Implant cochlear device	7
		92018	New eye exam & treatment	1
		92502	Ear and throat examination	1
		D0140	Limit Oral eval problm focus	2
		D0150	Comprehensive oral evaluation	2
		D1120	Dental prophylaxis child	2
		D1351	Dental sealant per tooth	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
		D1510	Space maintainer fxd unilat	2
		D1515	Fixed bilat space maintainer	2
		D1550	Recement space maintainer	2
		D2140	Amalgam one surface permanent	2
		D2150	Amalgam two surfaces permanent	2
		D2160	Amalgam three surfaces permanent	2
		D2161	Amalgam 4 or >surfaces perm	2
		D2330	Resin one surface-anterior	2
		D2331	Resin two surfaces-anterior	2
		D2332	Resin three surfaces-anterior	2
		D2335	Resin 4/> surf or w incis an	2
		D2390	Ant resin-based cmpst crown	2
		D2391	Post 1 srfc resinbased cmpst	2
		D2392	Post 2 srfc resinbased cmpst	2
		D2393	Post 3 srfc resinbased cmpst	2
		D2394	Post >=4srfc resinbased cmpst	2
		D2910	Recement inlay onlay or part	2
		D2920	Dental recement crown	2
		D2930	Prefab stnlss steel crwn pri	2
		D2931	Prefab stnlss steel crown pe	2
		D2933	Prefab stainless steel crown	2
		D2950	Core build-up incl any pins	2
		D3220	Therapeutic pulpotomy	2
		D3310	Root canal therapy, anterior	2
		D3320	Root canal therapy 2 canals	2
		D3330	Root canal therapy 3 canals	2
	PA	D3346	Retreat root canal anterior	2
	PA	D3347	Retreat root canal bicuspid	2
	PA	D3348	Retreat root canal molar	2
		D3351	Apexification/recalc initial	2
		D3352	Apexification/recalc interim	2
		D3410	Apicoect/perirad surg anter	2
		D3421	Root surgery bicuspid	2
		D3425	Root surgery molar	2
		D3426	Root surgery ea add root	2
		D3430	Retrograde filling	2
		D3950	Canal prep/filling of dowel	2
		D4210	Gingivectomy/plasty per quad	2
		D4341	Periodontal scalig & root	2
		D4342	Periodontal scaling 1-3 teeth	2
		D4910	Periodontal maint procedures	2
		D7111	Extraction coronal remnants	2
		D7140	Simple Extraction	2
		D7210	Surgical removal of erupted tooth	2
		D7220	Removal of impacted tooth- soft tissue	2
		D7230	Removal or impacted tooth-partially bony	2
		D7240	Removal of impacted tooth-complete bony	2
		D7241	Impact tooth rem bony w/comp	2
		D7250	Tooth root removal	2
		D7270	Tooth reimplantation	2
		D7280	Exposure impact tooth orthod	2

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Code Status Indicator	PA Required?	Billing Code	Short Description	HRSA Payment Group
	PA	D7283	Place device impacted tooth	2
	PA	D7285	Biopsy of oral tissue hard	2
	PA	D7286	Biopsy of oral tissue soft	2
		D9220	General Anesthesia	2
		D9241	Intravenous sedation	2
		D9610	Dent therapeutic drug inject	2
		G0105	Colorectal scrn; hi risk ind	#
		G0121	Colon ca scrn; barium enema	2
		G0260	Inj for sacroiliac jt anesth	1
		L8603	Collagen imp urinary 2.5 ml	\$333.13
	PA	L8614	Cochlear device/system	\$15,065.00
	PA	L8619	Replace cochlear processor	\$6,467.57
	PA	L8699	Prosthetic implant NOS	BR
		Q3001	Brachytherapy Radioelements	#
		V2630	Anter chamber intraocul lens	\$342.42
		V2631	Iris support intraoclr lens	\$342.42
		V2632	Post chmbr intraocular lens	\$342.42
		V2785	Corneal tissue processing	\$1,975.00

Status Indicators

D = Discontinued Code

N = New Code

P = Policy Change

R = Rate Update

Not Covered in this program

ø Not covered by Medicaid

Group	Max Allowable
1	\$308.28
2	\$339.40
3	\$366.60
4	\$415.35
5	\$446.73
6	\$500.36
7	\$563.90
8	\$647.27
9	\$924.86

LBD - Limited by Diagnosis, See Physician Services Billing Instructions for details